

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **5059**  
**690**

No. 300  
10-48

**FILED MAR 4 1957**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
a. COUNTY <b>Clad Jackson</b>	a. STATE <b>Missouri</b>	b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	c. CITY OR TOWN <b>Grain Valley</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. LENGTH OF STAY (in this place) <b>1mo 1day</b>		e. STREET ADDRESS (If rural, give location) <b>Box 132</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Childrens Mercy Hospital</b>			

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>Betty</b>	b. (Middle) <b>Lou</b>	c. (Last) <b>Turner</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>2 10 57</b>
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<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Never married</b>	<b>8. DATE OF BIRTH</b> <b>Oct. 26 1942</b>	<b>9. AGE</b> (In years last birthday) <b>14 yrs</b>	<b>IF UNDER 1 YEAR</b> Months <b>3</b> Days <b>15</b>	<b>IF UNDER 24 HRS.</b> Hours <b></b> Min. <b></b>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Student</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>None</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Grain Valley, Missouri</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.</b>
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<b>13a. FATHER'S NAME</b> <b>James TURNER</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Lena Todd</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>None</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. Lena Turner</b>	<b>ADDRESS</b> <b>Grain Valley, Mo.</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>pulmonary congestion</b>	<b>DUE TO (b)</b> <b>internal hydrocephalus</b>		<b>6 hours</b>
<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	<b>DUE TO (c)</b>		<b>4 months</b>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			<b>3441</b>

<b>19a. DATE OF OPERATION</b> <b>2-8-57</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from** **1-9, 1957**, to **2-10, 1957**, that I last saw the deceased alive on **2-10, 1957**, and that death occurred at **5:10 p. m.**, from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <b>Wayne Hart</b> (Degree or title) <b>MD</b>	<b>23b. ADDRESS</b> <b>1710 Indip Ave. K.C. Mo.</b>	<b>23c. DATE SIGNED</b> <b>2-11-57</b>
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<b>24a. BURIAL, CREMATION, OR REMOVAL</b> <b>Burial</b>	<b>24b. DATE</b> <b>2-13-57</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Oak Grove Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Oak Grove Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>2-12-57</b>	<b>REGISTRAR'S SIGNATURE</b> <b>newar minshall</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Webb Markway</b>	<b>ADDRESS</b> <b>Blue Springs, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision. .

Student.....  
Signature of Student Embalmer

Signed..... *John R. Sidmo*  
Licensed Embalmer No. *453*  
P. O. Address *Kansas City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.