FILED APR 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8938
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1184

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes X No
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hosp. — Length of stay in 1b 38 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes X No
d. STREET ADDRESS 3627 Holmes (If outside, give location) — Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print): First ERNA Middle E. Last TURNER
4. DATE OF DEATH: Month 3 Day 12 Year 57
5. SEX Fe
6. COLOR OR RACE Wh
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH 6-7-1888
9. AGE (In years last birthday) 68 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY xx
11. BIRTHPLACE (City and state or country) Cape Girardeau, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Christian Stein
14. MOTHER'S MAIDEN NAME Josephine Look
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) xx
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Pauline Sullivan, Address 5526 Lydia

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) — 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from April 15-55 to Mar. 12-57 and last saw her/him alive on Mar. 12-57
Death occurred at 8:55 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Edward A. Samuelson (Degree or title) M.D.
22b. ADDRESS 4620 Cherlo K.C. 12, Mo
22c. DATE SIGNED Mar. 13-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3-15-57
23c. NAME OF CEMETERY OR CREMATORY Floral Hills, Cem.
23d. LOCATION (City, town, or county) Kansas City, (State) Mo.
24. FUNERAL DIRECTOR Wagner Funeral Home, K C Mo. ADDRESS
25. DATE RECD. BY LOCAL REG. 3-13-57
26. REGISTRAR'S SIGNATURE Alva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

Edward A. Samuelson

0090-1-07

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed R. L. Hammerfield

Licensed Embalmer No 32

P. O. Address K. C. M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.