V.S. No. 300
Rev. 10-48

FILED APR 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13843

BIRTH NO. _____ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 5625 Registrar's No. 22

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Hurricane
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Family Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lincoln
c. CITY OR TOWN: Elsberry
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): R. F. D. 2 0570 0

3. NAME OF DECEASED (Type or Print)
a. (First): T.
b. (Middle): Bert
c. (Last): Turner

4. DATE OF DEATH (Month) (Day) (Year): 4/ 14/ 1957

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: 5/30/1868
9. AGE (In years last birthday): 88
IF UNDER 1 YEAR: Months: 8 Days: 14 IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: farming
11. BIRTHPLACE (City and State or Foreign Country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Silas B. Turner
13b. MOTHER'S MAIDEN NAME: Delia Graves
14. NAME OF HUSBAND OR WIFE: Dallie Stephens(decease

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 487-44-9548
17. INFORMANT'S SIGNATURE OR NAME: Delmas Turner
ADDRESS: Elsberry, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4 200
20. AUTOPSY? 2 YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 5, 1955, *to* April 14, 1957, *that I last saw the deceased alive on* March 21, 1957, *and that death occurred at* 7 00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert N. Hull M.D.
23b. ADDRESS: Elsberry Mo
23c. DATE SIGNED: 4/16/57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/16/1957
24c. NAME OF CEMETERY OR CREMATORY: Elsberry City Cemetery
24d. LOCATION (City, town, or county) (State): Elsberry, Lincoln, Mo.

DATE REC'D BY LOCAL REG.: 4/26/57
REGISTRAR'S SIGNATURE: Mrs. Clarence Kintzy
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Clifton Miller - Elsberry, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

455 0

STATEMENT BY LICENSED EMBALMER

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

by me, or by .....April 14-1957....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed....Clifton Miller.....

Licensed Embalmer No..3364

P. O. Address Elsberry, MO

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