

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29060**

FILED AUG 26 1957

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3031** Registrar's No. **195**

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Chariton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salisbury	
d. FULL NAME OF HOSPITAL OR INSTITUTION Woodland Hospital		d. STREET ADDRESS (If rural, give location) 501 East 2nd. Street	

3. NAME OF DECEASED (Type or Print) a. (First) Shirley b. (Middle) Doreen c. (Last) Turner			4. DATE OF DEATH Aug. 12, 1957 (Month) (Day) (Year)
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 9, 1938	9. AGE (In years, last birthday) 18	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine operator	10b. KIND OF BUSINESS OR INDUSTRY Garment Factory	11. BIRTHPLACE (City and State or Foreign Country) Salisbury, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Sam William Lingo	13b. MOTHER'S MAIDEN NAME Dortha Ann Cooley	14. NAME OF HUSBAND OR WIFE Franklin Turner
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 499-38-7818	17. INFORMANT'S SIGNATURE OR NAME Mr. Sam Lingo	ADDRESS Salisbury, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intracranial injury		
	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. Fracture of mandible		8 hours	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION and excision of left hall	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Rt 24 near Keytesville	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Keytesville, Chariton Co, Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 11 1957 6 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Automobile accident - 2 cars collided head on
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22. I hereby certify that I attended the deceased from **Aug 11, 1957**, to **Aug 12, 1957**, that I last saw the deceased alive on **Aug 12, 1957**, and that death occurred at **2 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Clarence Cohen, M.D.	23b. ADDRESS Moberly, Mo	23c. DATE SIGNED Aug 19 1957
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 8-16-57	24c. NAME OF CEMETERY OR CREMATORY Keytesville Cemetery	24d. LOCATION (City, town, or county) (State) Keytesville, Mo.
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DATE REC'D BY LOCAL REG. 8/14/57	REGISTRAR'S SIGNATURE Seaborn	25. FUNERAL DIRECTOR'S SIGNATURE Chas B Wilhelm	ADDRESS Salisbury, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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AUG 27 1957

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
Student Embalmer

Signed

Chas B. Winkelmyer

Licensed Embalmer No. *3842*

P. O. Address *Salisbury, Mo.*

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 this body is not embalmed, fact should be so stated above.