

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30574

FILED AUG 28 1957

STATE FILE NUMBER

Registration District No. 341 Primary Registration District No. 6166 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>Stone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Pierce township</u> Inside Limits Yes ☐ No ☒		c. CITY OR TOWN <u>Pierce township 1040</u> Inside Limits Yes ☐ No ☒	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS <u>Crane, Mo. RFD</u>	
Length of stay in lb <u>2 yrs.</u>		Reside on Farm Yes ☒ No ☐	

3. NAME OF DECEASED (Type or print) First <u>Eva</u> Middle <u>Williams</u> Last <u>Barnard</u>			4. DATE OF DEATH Month <u>August</u> Day <u>9</u> Year <u>1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH <u>Nov. 9, 1871</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and state or country) <u>Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			13. FATHER'S NAME <u>T. B. Turner</u>		
14. MOTHER'S MAIDEN NAME <u>Parthena Jane Turner</u>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None--</u>		
16. SOCIAL SECURITY NO. <u>None</u>			17. INFORMANT <u>R. R. Turner (Bro.)</u> Address <u>Springfield, Mo.</u>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary Paralysis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cornary Infarction</u> DUE TO (c) <u>Cornary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH
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 <u>11:00p.</u> Month <u>Aug.</u> Day <u>2</u> Year <u>1957</u> a. m. p. m.	20d. INJURY OCCURRED WHILE AT ☐ 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	STATE

21. I attended the deceased from <u>Oct. 15, 1956</u> to <u>Aug. 2, 1957</u> and last saw her alive on <u>8-2-1957</u> Death occurred at <u>11:00p.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>Dr. Elmer Brown</u>	22b. ADDRESS <u>Crane Missouri</u>	22c. DATE SIGNED <u>8-15-57</u>

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>8-11-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Marionville Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Marionville, Missouri.</u>
24. FUNERAL DIRECTOR <u>Springfield, Missouri.</u>	25. DATE REG. BY LOCAL REG. <u>Aug 15 1957</u>	26. REGISTRAR'S SIGNATURE <u>Mr. J. Elmer Brown</u>	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 _____
Licensed Embalmer No. 33

P. O. Address Springfield

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.