

Health, Welfare, Public Service
300
1-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32460

STATE FILE NUMBER

FILED SEP 24 1957

Registration District No. 164 Primary Registration District No. 5601 Registrar's No. 108

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural, Warrensburg,</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Kansas City,</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Highway #50, Johnson Co. Mo.</u>			Length of stay in lb <u>Transit</u>		d. STREET ADDRESS (If outside, give location) <u>1908 Maple Street,</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>KENNETH</u> Middle <u>RAY</u> Last <u>TURNER</u>				4. DATE OF DEATH Month <u>September</u> Day <u>14th.</u> Year <u>1957</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>June 26th. 1928</u>		9. AGE (In years last birthday) <u>29</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> IF UNDER 24 HRS. 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>Aeroplane Mechanic AIRCORP.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>FT Mechanic.</u>		11. BIRTHPLACE (City and state or country) <u>Noble, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>Chesley Arthur Turner,</u>				14. MOTHER'S MAIDEN NAME <u>Nora Edith Jennings,</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Korean War,</u>			16. SOCIAL SECURITY NO. <u>535-24-9455</u>		17. INFORMANT <u>Mrs. Grave Turner, Kansas City, Mo.</u>			Address	
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>Head and Chest Injuries,</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Automobile Accident,</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>		
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Auto Accident</u>						
20c. TIME OF INJURY Hour <u>4:20 A.M.</u> Month <u>9</u> Day <u>14</u> Year <u>1957</u>			20d. INJURY OCCURRED, WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>U.S. Highway #50,</u>						
			20f. CITY, TOWN, OR LOCATION <u>Rural, Johnson County, Missouri,</u>		COUNTY		STATE		
21. I attended the deceased from <u>Saw him dead</u> on <u>9-14-1957</u> and last saw her <u>him</u> alive on _____ Death occurred at <u>4:20 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Kelly Rawlins</u> (Degree or title) <u>M.D. Coroner of Johnson County, Holden, Mo.</u>				22b. ADDRESS <u>Holden, Mo.</u>		22c. DATE SIGNED <u>9-14-57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9-18-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>			
24. FUNERAL DIRECTOR <u>R.A. Brauninger, Warrensburg, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>Sept. 15, 1957</u>		26. REGISTRAR'S SIGNATURE <u>Suzanne Crutchfield</u>				

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

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