

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

34549

FILED OCT 11 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 6113 Registrar's No. 168

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Scott</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rt. # 1 Benton 6113</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Scott</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		Length of stay in lb		c. CITY OR TOWN <u>Rt. # 1 Benton,</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				d. STREET ADDRESS (If outside, give location) <u>3 Miles East of Benton, Mo.</u>			
First <u>George</u>		Middle <u>Byrd</u>		Last <u>Turner</u>		4. DATE OF DEATH <u>Sept. 20, 1957</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Mar. 7, 1876</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>		11. BIRTHPLACE (City and state or country) <u>Benton, Missouri</u>		9. AGE (In years last birthday) <u>81</u>	
13. FATHER'S NAME <u>Thomas Turner</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. -----		17. INFORMANT <u>Mrs. Minnie Ea Mott Tampa, Florida</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>Cardiorespiratory</u> DUE TO (b) <u>Smoking</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>442X</u>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>July 10</u> to <u>Sept 10-57</u> and last saw <u>him</u> alive on <u>Sept 18-57</u> Death occurred at <u>5:30 A. M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>C. C. Presnell M.D.</u> (Degree or title)				22b. ADDRESS <u>Crossed Row Farm, Oilfield, Mo.</u>		22c. DATE SIGNED <u>Sept 24-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>Sept 22, 57</u>		<u>Unity Cenetary</u>		<u>Unity, Mo.</u>	
24. FUNERAL DIRECTOR <u>Mc Mickle Charleston, Missouri</u>				25. DATE RECD. BY LOCAL REG. <u>9-30-57</u>		26. REGISTRARS SIGNATURE <u>Mrs. Ella Hunter</u>	

DATE RECEIVED OCT 7 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1057-216

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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.....  
*E. J. McArthur*

Licensed Embalmer No. *4*

P. O. Address *Charleston*

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.