

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 3 1957

34654

STATE FILE NUMBER

Registration District No. 366 Primary Registration District No. 6241 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wash.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Breton</u>		c. CITY OR TOWN <u>Potosi</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Near Potosi</u>		d. STREET ADDRESS <u>Rt. 1 2 mi. W.</u>	
3. NAME OF DECEASED (Type or print) First <u>MACK</u> Middle <u>FELTS</u> Last <u>TURNER</u>		4. DATE OF DEATH Month <u>September</u> Day <u>28</u> Year <u>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 type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>11 Feb. 1895</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sign Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self Emp.</u>	9. AGE (In years last birthday) <u>62</u>
13. FATHER'S NAME <u>John W. Turner</u>		14. MOTHER'S MAIDEN NAME <u>Mollie Gobelt</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWI</u>		16. SOCIAL SECURITY NO. <u>492-20-3805</u>	17. INFORMANT <u>Erma Turner</u> Address <u>544 N. Union Ave. Kankakee, Ill.</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>Death believed to be due to natural causes</u>			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <u>Investigation reveals death occurred during</u>			
DUE TO (c) <u>sleep, quietly; may have been heart cond.</u>			
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 <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.)		<u>4343</u>
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 _____, to _____ and last saw her/him alive on _____ Death occurred at <u>during night</u> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Herbert Rudal</u>		22b. ADDRESS <u>Local Registrar 912 Richeson Rd. Potosi, Mo.</u>	22c. DATE SIGNED <u>9/30/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10/1/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Mo.</u>
24. FUNERAL DIRECTOR <u>Arthur W. Smith</u>	ADDRESS <u>Potosi, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>9/30/57</u>	26. REGISTRAR'S SIGNATURE <u>Herbert Rudal</u>

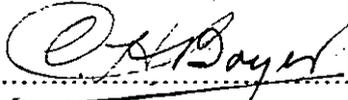
(Licensed Embalmer's Statement on Reverse Side)

OCT 14 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.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No. 41

P. O. Address P.O. 7581

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.