

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 2 1958

State File No. **43757**

BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **4097** Registrar's No. **188**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. CITY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harrisonville		c. CITY OR TOWN Harrisonville	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 6 days		e. STREET ADDRESS (If rural, give location) 302 W Mechanic	
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Louis	b. (Middle)	c. (Last) Turner	4. DATE OF DEATH (Month) (Day) (Year) Dec. 27, 1957
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 13, 1876	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Business man	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Tupalo, Mississippi	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME G. W. Turner	13b. MOTHER'S MAIDEN NAME Sarah Edmonds	14. NAME OF HUSBAND OR WIFE Lillie Frame 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. misplaced	17. INFORMANT'S SIGNATURE OR NAME Mrs. Lillie Turner	ADDRESS Harrisonville, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE (MASSIVE)		INTERVAL BETWEEN ONSET AND DEATH 2 wks 1 yr
	ANTECEDENT CAUSES DUE TO (b) CHRONIC NEPHRITIS		
	DUE TO (c) SENILITY* CEREBRAL PSYCHOSIS		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 1 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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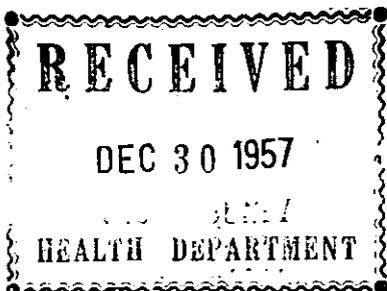
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **JUNE 19, 1956**, to **DEC. 27, 1957**, that I last saw the deceased **live on DEC. 26, 1957** and that death occurred at **4:45 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE David J. Long, M.D. (Degree or title)	23b. ADDRESS HARRISONVILLE, MISSOURI	23c. DATE SIGNED 12/27/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/29/57	24c. NAME OF CEMETERY OR CREMATORY Ash Grove Cemetery	24d. LOCATION (City, town, or county) (State) Ash Grove, Missouri
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DATE REC'D BY LOCAL REG. Dec 28, 1957	REGISTRAR'S SIGNATURE Dora Barney	25. FUNERAL DIRECTOR'S SIGNATURE Atkinson-Walker	ADDRESS Harrisonville, Mo
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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 *Robert C. ...*.....

Licensed Embalmer No. *4907*.....

P. O. Address *Harrisonville*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.