.S. No. 300
rv. 10.48

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

FILED APR 21 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013583
State File No.

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 3014 Registrar's No. 62

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Liberty
c. LENGTH OF STAY (in this place): no.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Side Square Liberty

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Miaaouri
b. COUNTY: Clay 000
c. CITY OR TOWN: Excelsior Springs
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒ 0
e. STREET ADDRESS (If rural, give location): R.F.D. I

3. NAME OF DECEASED (Type or Print)
a. (First): Jane
b. (Middle): C.
c. (Last): Turner

4. DATE OF DEATH (Month) (Day) (Year): April 2, 1958

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 28, 1887
9. AGE (In years last birthday): 70 — If under 1 year: Months: 10 Days: 4 — If under 24 hrs.: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: XXXXXX
11. BIRTHPLACE (City and State or Foreign Country): Clay County, MO. 0
12. CITIZEN OF WHAT COUNTRY?: U. S. A.
13a. FATHER'S NAME: Robert Buist
13b. MOTHER'S MAIDEN NAME: Eliza C. Grove
14. NAME OF HUSBAND OR WIFE: George W. Turner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: 489-44-2389A
17. INFORMANT'S SIGNATURE OR NAME: Thomas R. Turner
ADDRESS: R.F.D.I Ex. Spgs.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 d

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) coronary insufficiency
DUE TO (c) Arteriosclerosis

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 4201
20. AUTOPSY? YES ☐ NO ☒

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1950, *to* Apr. 2, 1958, *that I last saw the deceased alive on* 25 Jan, 1958, *and that death occurred at* 5 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George E Sanders M.D.
23b. ADDRESS: Excelsior Springs, Mo
23c. DATE SIGNED: 4-4-58
24a. BURIAL CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 5/58
24c. NAME OF CEMETERY OR CREMATORY: Masonic Cemetery
24d. LOCATION (City, town, or county) (State): Excelsior Springs. MO.
DATE REC'D BY LOCAL REG.: 4-7-58
REGISTRAR'S SIGNATURE: Mabel Graham
25. FUNERAL DIRECTOR'S SIGNATURE: Hope Funeral Home. Virgil Hope
ADDRESS: Ex. Spgs, MO

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
APR 14 1958
CLAY CO.
HEALTH CENTER

APR 22 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Chas Virgil Hope

Licensed Embalmer No 3950

P. O. Address Ellsworth

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.