

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026422
STATE FILE NUMBER

FILED AUG 13 1958 Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 164

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti		c. CITY OR TOWN Hayti	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		STREET ADDRESS (If outside, give location) 204 W. Madison	
3. NAME OF DECEASED (Type or print) Mary Diser TURNER		4. DATE OF DEATH Month July Day 14 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 17, 1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Middleton, Tennessee
13a. FATHER'S NAME James Hensley		13b. MOTHER'S MAIDEN NAME Francis Thompson	14. NAME OF HUSBAND OR WIFE Edd Turner
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. - - - - -	17. INFORMANT Address Mrs. Ralph Laughter, Same Add.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage Hypertension DUE TO (b) 331X DUE TO (c) 40 or 5 years 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 40 or 5 years
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 _____ Month _____ Day _____ Year _____ 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 7-10-58 to 7-14-58 and last saw her alive on 7-14-58 Death occurred at 12:50 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE L. D. Denton M.D.		22b. ADDRESS Hayti, Mo	
22c. DATE SIGNED 7-23-58		22d. STATE SIGNED Mo	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 7-16-1958	23c. NAME OF CEMETERY OR CREMATORY East Woodlawn	23d. LOCATION (City, town, or county) (State) Hayti, Missouri
24. FUNERAL DIRECTOR John W. German, Hayti, Missouri		25. DATE RECD. BY LOCAL REG. 7-25-58	26. REGISTRAR'S SIGNATURE John W. German

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

AUG 8 1958

AUG 11 1958

CARUTHERSVILLE, MO.

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 *John W. German*

Licensed Embalmer No. *4355*

P. O. Address *Hayth, Mo*

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.