Health, & Welfare Public Service

FILED SEP 19 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-032030
STATE FILE NUMBER

Registration District No. 62 Primary Registration District No. 5239 Registrar's No. 21

S. 300
1-57

1. PLACE OF DEATH
a. COUNTY Ceda r
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Linn Twp. Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Mile E. of Stockton Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cedar
c. CITY OR TOWN Stockton 0201 Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 1 Mile Ea st Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First HENRY Middle CLAY Last TURNER

4. DATE OF DEATH Month Day Year Sept. 6, 1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH March 16, 1918
9. AGE (In years last birthday) 40 IF UNDER 1 YEAR Months 5 Days 20 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Stockton, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Elmer Turner
13b. MOTHER'S MAIDEN NAME Sarah Frances Fisher
14. NAME OF HUSBAND OR WIFE Edith Turner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 493-16-3403
17. INFORMANT Mrs. Edith Turner, Address Stockton, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uremic poisoning — INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) — Nephritis
DUE TO (c) — 593 X
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 ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year —
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Sept. 1-58, to Sept. 6-58 and last saw her/him alive on Sept. 6-58
Death occurred at 8 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] D.O.
22b. ADDRESS Stockton Mo.
22c. DATE SIGNED 9-6-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9/9/1958
23c. NAME OF CEMETERY OR CREMATORY Stockton City Cemetery
23d. LOCATION (City, town, or county) (State) Stockton, Mo.

24. FUNERAL DIRECTOR ADDRESS Cantlon Fun. Home, Stockton, Mo.
25. DATE RECD. BY LOCAL REG. 9-13-58
26. REGISTRAR'S SIGNATURE Geneva Garrison

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Stockton, 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.