

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033051

STATE FILE NUMBER

4595

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4595

1. PLACE OF DEATH  
a. COUNTY **JACKSON**  
b. CITY (If outside corporate limits, give TOWNSHIP only) **KANSAS CITY** Inside Limits Yes  No   
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **2011 E. 12th St.** Length of stay in lb **16 yrs.**  
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **MISSOURI** b. COUNTY **JACKSON**  
c. CITY (If outside corporate limits, give TOWNSHIP only) **KANSAS CITY** Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) **2011 E. 12th St.** Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last **GUS TURNER**  
4. DATE OF DEATH Month Day Year **Sept. 28, 1958**

5. SEX **Male** 6. COLOR OR RACE **Negro** 7. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED   
8. DATE OF BIRTH **July 6, 1888** 9. AGE (In years last birthday) **70 yrs.** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Porter** 10b. KIND OF BUSINESS OR INDUSTRY **Grimes-Joyce Printing Co.** 11. BIRTHPLACE (City and state or country) **Milano Junction, Texas** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Ike Turner** 13b. MOTHER'S MAIDEN NAME **Frances McGraw** 14. NAME OF HUSBAND OR WIFE **None**

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. **487-07-3196** 17. INFORMANT **Roberta Glover** Address **2011 E. 12th St.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Cancer of Larynx**  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_ DUE TO (c) \_\_\_\_\_  
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 **161 1/2**

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 Month, Day, Year a.m. p.m. \_\_\_\_\_

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.) **at home** 20f. CITY, TOWN, OR LOCATION COUNTY STATE **Jackson MO**

21. I attended the deceased from **9/15/58** to **9/28/58** and last saw her alive on **9/27/58**  
Death occurred at **3401** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Gus Turner** (Degree or title) **MD** 22b. ADDRESS **1612 E 12** 22c. DATE SIGNED **9/29/58**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **10-2-58** 23c. NAME OF CEMETERY OR CREMATORY **National** 23d. LOCATION (City, town, or county) (State) **Leavenworth, Kans.**

24. FUNERAL DIRECTOR **Watkins Bros. Funeral Home 18th & Benton** ADDRESS **18th & Benton** 25. DATE RECD. BY LOCAL REG. **9-29-58** 26. REGISTRAR'S SIGNATURE **Neva Minshall**

All diseases in Part I must be causally related. Secondary, tertiary, etc., diseases only statements noncausal in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
L. W. Turner



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 *Bruce R. Watkins* .....

Licensed Embalmer No. *4500*  
P. O. Address *18th & First*

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.