

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039387
STATE FILE NUMBER

FILED DEC 10 1958 Registration District No. 098 Primary Registration District No. Registrar's No. 110

1. PLACE OF DEATH a. COUNTY Daviess			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Daviess		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jamesport		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Jamesport		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ---		Length of stay in lb 6 Yrs.	d. STREET ADDRESS (If outside, give location) ---		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Gora Eleanor Turner			4. DATE OF DEATH Month Day Year November 21 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 Apr. 24 1890	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Creston, Nebraska		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Samuel J. Wheeler		13b. MOTHER'S MAIDEN NAME Harriett Carpenter		14. NAME OF HUSBAND OR WIFE Thomas Turner (Dec'd)	
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. None	17. INFORMANT Dale Turner Jamesport, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Adenocarcinoma metastatic gland c. carcinomatous</i>					INTERVAL BETWEEN ONSET AND DEATH <i>3 years</i>
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) <i>1420</i>					
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 <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 <i>Aug 31, 1953</i> to <i>Nov 21, 1958</i> and last saw her alive on <i>Nov 20, 1958</i> . Death occurred at <i>9:50 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Edward Anton M.D.</i>			22b. ADDRESS <i>Gallatin Mo</i>		22c. DATE SIGNED <i>11/30/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>11-23-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Masonic Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Jamesport, Mo.</i>
24. FUNERAL DIRECTOR <i>Hope Funeral Home</i>		ADDRESS <i>Gallatin, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>12-3-58</i>		26. REGISTRAR'S SIGNATURE <i>Dege M. Benge</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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SECRETARY OF HEALTH DEPARTMENT, MISSOURI
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 *L. O. Pichessou*

Licensed Embalmer No. *3302*

P. O. Address *Fallatu*

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.