Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-042362
STATE FILE NUMBER

FILED DEC 9 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11492

1. PLACE OF DEATH
a. COUNTY City of St. Louis
b. CITY OR TOWN St. Louis, Missouri — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Frisco Employes Hospital — Length of stay in Hospital: 17 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri
b. COUNTY 0461
c. CITY OR TOWN West Plains, Missouri — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 21 Burgoyne — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Cecil; Middle I.; Last Turner

4. DATE OF DEATH: Month 11; Day 28; Year 58

5. SEX Male

6. COLOR OR RACE White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH November 30, 1897

9. AGE (In years last birthday) 60 — 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) Freight Loader

10b. KIND OF BUSINESS OR INDUSTRY Frisco Railroad

11. BIRTHPLACE (City and state or country) Howell County, Missouri.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Francis Marion Turner

13b. MOTHER'S MAIDEN NAME Annie Roberson

14. NAME OF HUSBAND OR WIFE Leona Turner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. I

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT Leona Turner, 21 Burgoyne, West Plains, 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) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 17 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — ?
DUE TO (c) 420.0
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 [X] 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 11-12-58, to 11-28-58 and last saw her/him alive on 11-28-58
Death occurred at 12:40 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Wm D Sherman (Degree or title) MD.

22b. ADDRESS 4960 Laclede

22c. DATE SIGNED 11/28/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 11-29-58

23c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery

23d. LOCATION (City, town, or county) (State) West Plains, Missouri.

24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd.

25. DATE RECD. BY LOCAL REG. NOV 29 '58

26. REGISTRAR'S SIGNATURE J Earl Smith - MD

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

SEP 25 1959

DEC 18 1958

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, ~~only~~ ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Laurence O. Seib

Licensed Embalmer No. 4979

P. O. Address St. Louis

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.

DEC 11 1958