Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004817
STATE FILE NUMBER

FILED FEB 20 1959

Registration District No. 62 Primary Registration District No. 4408 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Cedar	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cedar
b. CITY OR TOWN Stockton — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Stockton 200 — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION Bough Town — Length of stay in Ib	d. STREET ADDRESS (If outside, give location) Bough Town — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: DENNIS Middle: RAY Last: TURNER					4. DATE OF DEATH Month Day Year: Feb. 13, 1959		
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: June 8, 1958	9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 8 Days: 5	IF UNDER 24 HRS. Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None	10b. KIND OF BUSINESS OR INDUSTRY: None	11. BIRTHPLACE (City and state or country): Stockton, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME: Paul H. Turner	13b. MOTHER'S MAIDEN NAME: Dorothy Thompson	14. NAME OF HUSBAND OR WIFE					
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.: None	17. INFORMANT Address: Paul H. Turner, Stockton, Mo.					

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Whooping Cough + — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Pneumonia — 2 days

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 0561

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 Feb. 13-59, to 2-13-59 and last saw her/him alive on 2-13-59

Death occurred at 8:00 m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

22b. ADDRESS Stockton Mo.

22c. DATE SIGNED 2-14-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 2/15/1959

23c. NAME OF CEMETERY OR CREMATORY: Alder Cemetery

23d. LOCATION (City, town, or county) (State): Cedar County, Mo.

24. FUNERAL DIRECTOR: Cantlon Fun. Home ADDRESS: Stockton, Mo.

25. DATE RECD. BY LOCAL REG.: 2-14-59

26. REGISTRAR'S SIGNATURE: Geneva Garrison

(Licensed Embalmer's Statement on Reverse Side)

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.