Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004818

STATE FILE NUMBER

FILED MAR 13 1959

Registration District No. 62 Primary Registration District No. 4108 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY Cedar
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stockton — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION E. Hiway #32 — Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cedar
c. CITY OR TOWN Stockton — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) E. Hiway #32 — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First FARRELL Middle DON Last TURNER

4. DATE OF DEATH Month Feb. Day 28, Year 1959

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH Dec. 15, 1941

9. AGE (In years last birthday) 17 — IF UNDER 1 YEAR: Months 2 Days 13 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Unknown

11. BIRTHPLACE (City and state or country) Stockton, Mo.

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

13a. FATHER'S NAME Henry Clay Turner

13b. MOTHER'S MAIDEN NAME Edith Daniels

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. 491-44-0848

17. INFORMANT Edith Turner, Stockton, Mo. Address

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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) Crushed Skull & Leg Fracture
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Auto Wreck
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

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 1:15 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.) Hiway #32

20f. CITY, TOWN, OR LOCATION Stockton COUNTY Cedar STATE Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 1:15 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M D Turner (Degree or title) Coroner

22b. ADDRESS El Dorado Mo

22c. DATE SIGNED 2-28-59

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

23b. DATE 3-1-1959

23c. NAME OF CEMETERY OR CREMATORY Stockton City Cemetery

23d. LOCATION (City, town, or county) Stockton, Mo. (State)

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

25. DATE RECD. BY LOCAL REG. 3-7-59

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 G. 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.