

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-005045  
STATE FILE NUMBER

Registration District No. 103 Primary Registration District No. 5417 Registrar's No. 2

FILED FEB 26 1959

1. PLACE OF DEATH a. COUNTY - <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Near Hornersville</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Hornersville</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ditch No. 1</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>See last</u>
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>JAMES- ALLEN- TURNER</u>			4. DATE OF DEATH Month Day Year <u>2-11-1959</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>3/31/1915</u>		9. AGE (In years last birthday) <u>43</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Day Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Common Labor</u>		11. BIRTHPLACE (City and state or country) <u>Manila Ark.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>James Edd Turner</u>		13b. MOTHER'S MAIDEN NAME <u>Mrs. Jessie Morrow</u>		
14. NAME OF HUSBAND OR WIFE <u>Mrs Adena Turner</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>430-16-6906</u>		
17. INFORMANT <u>Adena Turner</u>		Address <u>Hornersville</u>				

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Accidental Drowning</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u>
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)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) <u>Fell in Ditch</u>	
20c. TIME OF INJURY Hour <u>9:00</u> Month, Day, Year p.m.	9298	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Ditch No. 1</u>	20f. CITY, TOWN, OR LOCATION <u>Near Hornersville</u>	COUNTY <u>Dunklin</u>	STATE <u>Mo.</u>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>9:05</u> m on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>Quinton Tawm D. Coroner</u>	(Degree or title)	22b. ADDRESS <u>Kennett, Mo.</u>	22c. DATE SIGNED <u>2-16-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>2/13/1959</u>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <u>Blanner</u>	23d. LOCATION (City, town, or county) (State) <u>Hornersville Mo.</u>

24. FUNERAL DIRECTOR <u>Lawrence Sams Funeral Home</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>2-19-59</u>	26. REGISTRAR'S SIGNATURE <u>Que Palenske</u>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

COUNTY FILE NUMBER 259-55

REC'D JUN 2 1960

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 *W. T. Cameron* .....

Licensed Embalmer No. *252* .....

P. O. Address *...* .....

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.