Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-012313
STATE FILE NUMBER

FILED APR 20 1959 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 167

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Columbia — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 505 Hickman — Length of stay in 1b: Lifetime

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Boone
c. CITY OR TOWN: Columbia 0105 0 — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): Route 7 — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: THOMAS Middle: WILSON Last: TURNER

4. DATE OF DEATH Month Day Year: April 8, 1959

5. SEX: Male 0

6. COLOR OR RACE: White

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

8. DATE OF BIRTH: Dec. 24, 1870

9. AGE (In years last birthday): 88 — 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): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (City and state or country): Boone County, Missouri 0

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

13a. FATHER'S NAME: John Turner

13b. MOTHER'S MAIDEN NAME: Martha Ann Dennis

14. NAME OF HUSBAND OR WIFE: Zula Dozier Turner

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.: —

17. INFORMANT Address: Mrs. Jack Cook, Columbia, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. Must use only standard nomenclature in Item 18. No symptoms will be listed. 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): Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 4200
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Peripheral arteriosclerosis obliterans

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 26 Feb, to 1959 and last saw her/him alive on 8 Apr. 1959
Death occurred at 8:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R P Anderson (Degree or title) MD 0

22b. ADDRESS Columbia Mo

22c. DATE SIGNED 10 Apr 59

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

23b. DATE: Apr. 12, 1959

23c. NAME OF CEMETERY OR CREMATORY: Valley Springs Cemetery

23d. LOCATION (City, town, or county) (State): Boone County, Missouri.

24. FUNERAL DIRECTOR ADDRESS: Parker Funeral Service, Columbia, Mo.

25. DATE RECD. BY LOCAL REG.: Apr. 11 1959

26. REGISTRAR'S SIGNATURE: Mrs. R E Palmer

(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 .....

Licensed Embalmer No.....

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.