

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026343

FILED VS JUL 21 1959/6

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 276

1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Leadwood		Length of stay in 1b		c. CITY OR TOWN Leadwood		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) Mill HOSPITAL OR INSTITUTION St. Joe Leadwood Pond			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First John Middle Stanton Last Turner				4. DATE OF DEATH Month July Day 16, Year 1959					
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Aug. 25, 1887	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rotary Dump Oper.			10b. KIND OF BUSINESS OR INDUSTRY St. Joe Lead Co.		11. BIRTHPLACE (City and state or country) Salem, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A		
13a. FATHER'S NAME James Turner			13b. MOTHER'S MAIDEN NAME Narcissus Davis			14. NAME OF HUSBAND OR WIFE Eliza Turner			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. 498-07-4308		17. INFORMANT Address George Turner, DeSoto, Missouri				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Probably coronary occlusion DUE TO (b) (Investigated by Berl Miller, Coroner DUE TO (c) of St. Francois County) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input 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.)					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 _____ to _____ and last saw her/him alive on _____. Death occurred at 3:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.									
22. SIGNATURE Ether Rudloff (Degree or title) Local Registrar,				22a. ADDRESS Realty Bldg., Farmington, Mo				22c. DATE SIGNED 7-17-59	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE July 19, 1959		23c. NAME OF CEMETERY OR CREMATORY Leadwood Cemetery		23d. LOCATION (City, town, or county) (State) Leadwood, Missouri			
24. FUNERAL DIRECTOR Bert L. Boyer, Leadwood, Mo.				25. DATE RECD. BY LOCAL REG. July 17, 1959		26. REGISTRAR'S SIGNATURE Ether Rudloff			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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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

Paul L. Boyer

Licensed Embalmer No. 344.1

P. O. Address Leadwood, 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.