

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027889

FILED VS AUG 11 1959

Registration District No. 356 Primary Registration District No. 6207 Registrar's No. 59

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Texas</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Lynchburg</u>		Length of stay in lb <u>25 yrs</u>		c. CITY OR TOWN <u>Lynchburg</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>5 Miles S.W. of Lynchburg</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>John B Gordon Turner</u>			4. DATE OF DEATH Month Day Year <u>July 28 1959</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>6-15-1890</u>	9. AGE (last birthday) <u>69</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer lumber work</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Shannon Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Samson Turner</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Conway</u>		14. NAME OF HUSBAND OR WIFE <u>Albie Turner</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Albie Turner Lynchburg Mo</u>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH <u>6 years</u>
IMMEDIATE CAUSE (a) <u>Cardiac & pulmonary arrest.</u>			
DUE TO (b) <u>Congestive heart failure.</u>			
DUE TO (c) <u>Atherosclerotic heart disease &</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>old cerebrovascular accident</u>			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.)	
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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
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21. I attended the deceased from Dead on arrival. and last saw her/him alive on _____
Death occurred at 10:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>B. J. Myers D.O.</u>	22b. ADDRESS <u>Lynchburg, Mo.</u>	22c. DATE SIGNED <u>7-29-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7-31-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Boone Creek Plm</u>	23d. LOCATION (City, town, or county) (State) <u>Texas Co. Mo</u>
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24. FUNERAL DIRECTOR <u>Smith & Ferguson Lynchburg Mo</u>	25. DATE RECD. BY LOCAL REG. <u>8-6-59</u>	26. REGISTRAR'S SIGNATURE <u>Murtie Craig</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Robert E. Ferguson

Licensed Embalmer No. 394

P. O. Address Lick

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.