RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 31 1959

59–029882
STATE FILE NUMBER

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 82

1. PLACE OF DEATH
a. COUNTY NEWTON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN NEOSHO
Length of stay in 1b: 3 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Sale Memorial
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Ellis
c. CITY OR TOWN Hays
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 213 Pershing Court
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MERLE Middle JOY Last TURNER
4. DATE OF DEATH: Month August Day 17 Year 1959
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Dec. 1, 1895
9. AGE (last birthday): 63
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): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Donestic
11. BIRTHPLACE (City and state or country): Glena, Kansas
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Jack Thomas
13b. MOTHER'S MAIDEN NAME: Rosina May Wells
14. NAME OF HUSBAND OR WIFE: Robert A. 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.: 493-12-6709
17. INFORMANT: Lyal Turner, Address: Tulsa, Okla

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) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: about 8 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) with Acute Dilatation of Heart
DUE TO (c) Unknown
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. ☐ Yes ☒ No ☐ Unknown

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 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 Did not attend to ____ and last saw her/him alive on ____
Death occurred at 2 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Melvin C. Bowman (Degree or title) M.D. Registrar
22b. ADDRESS Neosho, Mo
22c. DATE SIGNED 8-25-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug. 19, 1959
23c. NAME OF CEMETERY OR CREMATORY: Gibson Cemetery
23d. LOCATION (City, town, or county) (State): Newton Co. Missouri

24. FUNERAL DIRECTOR: Thompson Funeral Home, Inc. ADDRESS: Neosho, Mo.
25. DATE RECD. BY LOCAL REG.: 8/25/59
26. REGISTRAR'S SIGNATURE: Melvin C. Bowman M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed Clyde M. Dann

Signature of Student Embalmer

Licensed Embalmer No. 5065

P. O. Address Neosho, M

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