

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031742

FILED VS OCT 1 1959 5-9

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 147

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Cass				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY CASS			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN BELTON		Length of stay in 1b 54 yrs		c. CITY OR TOWN BELTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 413 N. SCOTT			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 413 N. SCOTT		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First HARRY Middle TURNER Last TURNER			4. DATE OF DEATH Month 9 Day 17 Year 59				
5. SEX MALE	6. COLOR OF RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-28-68	9. AGE (last birthday) 91	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HR Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) FARMER (RET)		10b. KIND OF BUSINESS OR INDUSTRY GENERAL FARMING		11. BIRTHPLACE (City and state or country) LEE'S SUMMIT Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME HENRY TURNER		13b. MOTHER'S MAIDEN NAME PRUDENCE (UNK)		14. NAME OF HUSBAND OR WIFE LEAHY 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. ---		17. INFORMANT Address ROLAND TURNER BELTON Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage DUE TO (b) arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 12 hrs	
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 _____ Month, Day, Year _____ a.m. _____ p.m. _____		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 1950 to 9-17-59 and last saw her alive on 9-17-59 Death occurred at 5:20 P m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (In ink or title) R. L. Must Die			22b. ADDRESS Grandview Mo		22c. DATE SIGNED 9-18-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9-20-59	23c. NAME OF CEMETERY OR CREMATORY BELTON CEMETERY		23d. LOCATION (City, town, or county) BELTON, Mo		(State)	
24. FUNERAL DIRECTOR E. K. Berger Bros Inc		ADDRESS Belton Mo.		25. DATE RECD. BY LOCAL REG. 9-24-59	26. REGISTRAR'S SIGNATURE Mrs. Ray Sebrer		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1322/11

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 *Isidore Rodard*

Licensed Embalmer No. 4911

P. O. Address *Gandover*

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.