

Health, Welfare  
Public Service

FILED VS SET 21 1959

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-032886

STATE FILE NUMBER  
118

Registration District No. 164 Primary Registration District No. 560 Registrar's No. 118

300  
-57

3

1. PLACE OF DEATH a. COUNTY <i>Johnson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Warrensburg Twp.</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Lee's Summit</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <i>4 1/2 Miles of Warrens-</i> INSTITUTION <i>Burg, Mo. Hi-Way 50</i>		Length of stay in lb. <i>Transient</i>	d. STREET ADDRESS (If outside, give location) <i>110 South Main St.</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>CHARLES</i> Middle <i>EDWARD</i> Last <i>TURNER</i>			4. DATE OF DEATH Month <i>Sept.</i> Day <i>15</i> Year <i>1959</i>			
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Nov. 30, 1937</i>	9. AGE (In years last birthday) <i>21</i>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Office Clerk</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Real Estate</i>	11. BIRTHPLACE (City and state or country) <i>Lee's Summit, Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>Andrew C. Turner</i>	13b. MOTHER'S MAIDEN NAME <i>Louise Sharp</i>	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>487-36-2975</i>	17. INFORMANT <i>Andrew C. Turner, Lee's Summit, Missouri</i>	Address
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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: IMMEDIATE CAUSE (a) <i>Frontal Fracture of skull</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Instant</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Automobile Accident</i> DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <i>2</i>

20a. ACCIDENT <input checked="" 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.) <i>Killed when car in which he was riding struck a fence post.</i>
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20c. TIME OF INJURY Hour <i>12:15 A.M.</i> Month, Day, Year <i>9-15-59</i>	Address <i>051</i>
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Hi-way 50</i>	20f. CITY, TOWN, OR LOCATION <i>4 1/2 miles west of warrensburg, Warrensburg Township</i>	COUNTY <i>Johnson</i>	STATE <i>Missouri</i>
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21. I attended the deceased from <i>CORONER OF JOHNSON COUNTY, MO.</i> and last saw <i>him</i> <del>him</del> <i>on</i> <i>Sept. 15, 1959</i> Death occurred at <i>12:15 A.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) <i>Kelly Rawlins M.D.</i>	22b. ADDRESS <i>Holden Mo.</i>	22c. DATE SIGNED <i>9-15-59</i>
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23a. BURIAL, CREMATION REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>9-15-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Lee's Summit</i>	23d. LOCATION (City, town, or county) (State) <i>Lee's Summit, Missouri</i>
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24. FUNERAL DIRECTOR <i>The Brauningers, Warrensburg, Missouri</i>	25. DATE RECD. BY LOCAL REG. <i>Sept. 15, 1959</i>	26. REGISTRAR'S SIGNATURE <i>Savannah Cutchfield</i>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

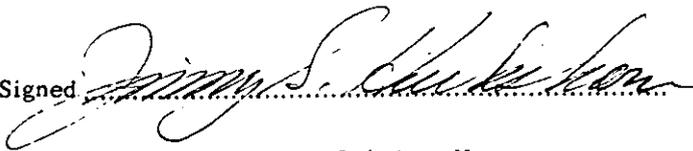
MEDICAL CERTIFICATION

SEP 21 1959

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.