

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 23 1959

59-039717

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1237

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY WRIGHT	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Length of stay in 1b 8 Wks.	c. CITY OR TOWN MTN. GROVE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHNS HOSP		Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.F.D. HUGGINS RT.

3. NAME OF DECEASED (Type or print) First Middle Last GENE MARSHALL TURNER			4. DATE OF DEATH Month Day Year NOV 16 1959		
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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 SEPT. 15-1914	9. AGE (last birthday) 45	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FIELDMAN-CREMERY	10b. KIND OF BUSINESS OR INDUSTRY SAME	11. BIRTHPLACE (City and state or country) HARTVILLE MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME GEORGE STEEL TURNER	13b. MOTHER'S MAIDEN NAME ADABELLE DUGGER	14. NAME OF HUSBAND OR WIFE THELMA MAUDE WADE
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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) NO	16. SOCIAL SECURITY NO.	17. INFORMANT Address Thelma Turner Mtn. Grove
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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) Acute Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerotic Heart Disease	
	DUE TO (c)	

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	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) 12-6-59	20f. CITY, TOWN, OR LOCATION MTN. GROVE	COUNTY MO	STATE
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21. I attended the deceased from 1-14-56 to 11-16-59 and last saw him alive on 11-16-59 Death occurred at 8:25 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE G. J. Barber (Degree or title) M.D.	22b. ADDRESS 609 Cherry-Springfield, Mo.	22c. DATE SIGNED 11-18-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE Nov. 20-59	23c. NAME OF CEMETERY OR CREMATORY HILLCREST	23d. LOCATION (City, town, or county) (State) MTN. GROVE MO
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24. FUNERAL DIRECTOR BARBER ADDRESS MTN. GROVE MO	25. DATE RECD. BY LOCAL REG. 11-20-59	26. REGISTRAR'S SIGNATURE Effie S. Melton
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 3 1950

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 _____

RWT Barber

Licensed Embalmer No. _____

384

P. O. Address _____

724, 9

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.