

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED VS JAN 26 1960

60-000907

STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Arkansas b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospt		Length of stay in 1b 3 days	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Loretta Middle Turner Last Turner			4. DATE OF DEATH Month Jan Day 8 Year 1960		
5. SEX Female	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 1-16-1900	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months 1 Days 1 Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Kentucky	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Albert Sandefur	13b. MOTHER'S MAIDEN NAME Jennie Oakley	14. NAME OF HUSBAND OR WIFE Ray Turner
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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. Unknown	17. INFORMANT Ray Turner Address St. Francis, Ark
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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) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertensive C.V. 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)		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 4:45 Month, Day, Year 1-8-60	20d. INJURY OCCURRED WHILE AT <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 Kennett, Mo	COUNTY Clay	STATE Ark
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21. I attended the deceased from Jan. 5, 1960 to Jan 8, 1960 and last saw her alive on Jan 8, 1960 Death occurred at 4:45 A.M. 1-8-60 on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE Frank P. [Signature] (Degree or title)	22b. ADDRESS Kennett, Mo	22c. DATE SIGNED Jan 21, 1960

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-10-1960	23c. NAME OF CEMETERY OR CREMATORY Piggott Cemetery	23d. LOCATION (City, town, or county) (State) Piggott, Arkansas
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24. FUNERAL DIRECTOR Russell Mortuary Piggott, Ark	ADDRESS	25. DATE RECD. BY LOCAL REG. Jan 22-1960	26. REGISTRAR'S SIGNATURE Carl [Signature]
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Health, Welfare, Public Service, 800, 57, All diseases in Part I must be causally related.

VS JAN 27 1960

C. B. L. No. 160-34

STATEMENT BY LICENSED EMBALMER

MAR 11 1960

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

Student
Signature of Student Embalmer

Signed Gerald W. Hayward

Licensed Embalmer No. 116

P. O. Address 116

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.