IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 28 1960

60-010684

STATE FILE NUMBER

NDED

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 82

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clinton
Length of stay in 1b: 36 Hrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Wetzel Osteopathic Hosp.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY: Johnson
c. CITY OR TOWN: Warrensburg
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 411 So. Houlden
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Michel Middle: Anthony Last: Turner

4. DATE OF DEATH: Month, Day, Year: March 19, 1960

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 3-18-60

9. AGE (last birthday): 0
IF UNDER 1 YEAR: Months 0, Days 1 — IF UNDER 24 HR: Hours 12, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Clinton, Missouri

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Harold W. Turner

13b. MOTHER'S MAIDEN NAME: Peggie L. Rickey

14. NAME OF HUSBAND OR WIFE:

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.: None

17. INFORMANT: Harold W. Turner, Address: Warrensburg, Mo. 411 S. Houlden St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Myocardial Insufficiency	30 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Hyaline Membrane Disease	36 hours
DUE TO (c)	Prematurity	36 hours.

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 3-18-60, to 3-19-60 and last saw her/him alive on 3-19-60

Death occurred at 8:35 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Clinton L. Glass, D.O. (Degree or title)

22b. ADDRESS: 105 E. Ohio, Clint, Mo.

22c. DATE SIGNED: 3/19/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Mar. 22, 1960

23c. NAME OF CEMETERY OR CREMATORY: Englewood Cemetery

23d. LOCATION (City, town, or county) (State): Clinton, Missouri

24. FUNERAL DIRECTOR: H. L. Tennant ADDRESS: Clinton Mo

25. DATE RECD. BY LOCAL REG.: Mar 29-1960

26. REGISTRAR'S SIGNATURE: Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

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 H. R. Vansant

Signature of Student Embalmer

Body WAS Not EMBALMED

Licensed Embalmer No. 3779

P. O. Address Clinton,

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.