

## FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-014051

FILED VS APR 25 1960

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 105

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY ADAIR				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SCHUYLER			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KIRKSVILLE		Length of stay in lb 2 weeks		c. CITY OR TOWN LANCASTER		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LAUGHLIN HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		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 MIDDLE Last LECHIA G. TURNER				4. DATE OF DEATH Month Day Year APRIL 19 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 Nov. 18, 1900	
9. AGE (last birthday) 59		IF UNDER 1 YEAR Months 5 Days 1		IF UNDER 24 HR Hours 1 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and state or country) Schuyler		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Esk A Locker		13b. MOTHER'S MAIDEN NAME Lydice Kearse		14. NAME OF HUSBAND OR WIFE Dewey 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			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) arteriosclerotic heart disease						INTERVAL BETWEEN ONSET AND DEATH 15 days	
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 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.)			
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 4-4-60 to 4-19-60 and last saw her alive on 4-19-60 Death occurred at 10:00 pm 4-19-60 on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Type or print) Richard P. Valuck DO				22b. ADDRESS Laughlin Hospital		22c. DATE SIGNED 4-20-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 21, 60		23c. NAME OF CEMETERY OR CREMATORY Arni Memorial Cemetery		23d. LOCATION (City, town, or county) (State) Lancaster, Missouri	
24. FUNERAL DIRECTOR ADDRESS Norman Funeral Home, Lancaster, Mo.				25. DATE RECD. BY LOCAL REG. 4-20-60		26. REGISTRAR'S SIGNATURE Doris W. Ratliff	

(Licensed Embalmer's Statement on Reverse Side)

0961 1 NOV 1960

RICHARD T. VAHNER, D.O.

### 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

*Nov 5 E Foster*

Licensed Embalmer No. 4742

P. O. Address Kuksnell

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.