RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-014205
STATE FILE NUMBER

FILED VS APR 25 1960 38

Registration District No. _____ Primary Registration District No. 3006 Registrar's No. 227

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: COLUMBIA — Length of stay in 1b: 6 months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Sandford Rest Home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Boone
c. CITY OR TOWN: COLUMBIA — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 301 N. 5th St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: MARY Middle: HANNER Last: TURNER
4. DATE OF DEATH: Month: April Day: 14 Year: 1960
5. SEX: Female
6. COLOR OR RACE: Negro
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: May 7, 1895
9. AGE (last birthday): 64 yr. — IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): home wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Mo. Boone County
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Atte Johnson
13b. MOTHER'S MAIDEN NAME: Nancy Johnson
14. NAME OF HUSBAND OR WIFE: John A. Turner
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: John A. Turner Address: Columbia, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) with decompensation
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. ☐ 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 Jan 60, to 14 Apr 60 and last saw her/him alive on Mar 30 60
Death occurred at 4:00 PM Apr m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ray J. Miller MD
22b. ADDRESS: Tucker Bldg Columbia
22c. DATE SIGNED: 15 Apr 60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: April 17, 1960
23c. NAME OF CEMETERY OR CREMATORY: Rock Bridge
23d. LOCATION (City, town, or county) (State): Boone Columbia, Mo.

24. FUNERAL DIRECTOR: Mrs Stuart Parker ADDRESS: Columbia, Mo
25. DATE RECD. BY LOCAL REG.: April 16, 1960
26. REGISTRAR'S SIGNATURE: Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF

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 [illegible]

Licensed Embalmer No. 4425

P. O. Address [illegible]

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.