

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-029786

LED VS SEP 12 1960

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3007

496

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Butler				a. STATE Missouri COUNTY Butler			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Peplar Bluff		Length of stay in 1b 2 days		c. CITY OR TOWN Neelyville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Peplar Bluff Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Gen. Delivery		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last MINNIE TURNER				4. DATE OF DEATH Month Day Year August 23, 1960			
5. SEX Female	6. COLOR OR RACE Negroid	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4/6/1896	9. AGE (last birthday) 64	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) Housewife			10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and state or country) Blytheville, Ark.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Will Whitehead			13b. MOTHER'S MAIDEN NAME Lena Moton			14. NAME OF HUSBAND OR WIFE John Turner (Deceased)	
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. none		17. INFORMANT ATTLE CREEK Mr. Lawrence Turner Michigan		
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) Premia							1 mo
DUE TO (b) Neplritia -							?
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Epilepsy							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 a.m. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1152		20f. CITY, TOWN, OR LOCATION 28 Aug 1960		COUNTY STATE	
21. I attended the deceased from 1152 to 28 Aug 1960 and last saw her alive on 23 Aug 1960 . Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE C. F. Brooks Pearson MD (Degree or title)			22b. ADDRESS 321 Oak Poplar Bluff Mo			22c. DATE SIGNED 27 Aug 60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/27/1960	23c. NAME OF CEMETERY OR CREMATORY Neelyville Cemetery		23d. LOCATION (City, town, or county) (State) Neelyville, Mo.		
24. FUNERAL DIRECTOR Edwards-Parrent ADDRESS Naylor, Mo.			25. DATE RECD. BY LOCAL REG. 9-12-60		26. REGISTRAR'S SIGNATURE Harold W. Miller M.		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS SEP 10 1960

OCT 19 1960

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

Gene Parent

Licensed Embalmer No. 4809

P. O. Address Naylor

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.