

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035725

FILED VS OCT 13 1960

Registration District No. 276 Primary Registration District No. 4410 Registrar's No. 47

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY PHELPS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY PHELPS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. JAMES		Length of stay in 1b 1 1/2 years	c. CITY OR TOWN St. JAMES Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AT HOME		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 122 W. ADA ST. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ARTHUR Middle L. Last TURNER			4. DATE OF DEATH Month OCTOBER Day 5 Year 1960	
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5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/27/1898	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U. S. Postal Service	10b. KIND OF BUSINESS OR INDUSTRY Letter Carrier	11. BIRTHPLACE (City and state or country) Linn, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Albert T. Turner	13b. MOTHER'S MAIDEN NAME Amy V. Baker	14. NAME OF HUSBAND OR WIFE
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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) yes 1918-1919	16. SOCIAL SECURITY NO. 560 36 5041	17. INFORMANT W. E. Turner	Address Linn, Mo.
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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:		INTERVAL BETWEEN ONSET AND DEATH Sudden
IMMEDIATE CAUSE (a) Coronary Occlusion		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Advice of Coroner	
DUE TO (c) Natural Causes.		

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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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 _____ a.m. _____ p.m. Month, Day, Year _____

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 Dead	COUNTY Linn	STATE Mo
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21. I attended the deceased from _____ to _____ and last saw him alive on **10-5-60**
Death occurred at **about 2:00 a.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ruth B. Powell Registrar	22b. ADDRESS St. James, Missouri	22c. DATE SIGNED 10-5-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct 7, 1960	23c. NAME OF CEMETERY OR CREMATORY Linn Public Cemetery	23d. LOCATION (City, town, or county) (State) Linn, Mo.
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24. FUNERAL DIRECTOR Clyde Morton	ADDRESS Linn, Mo.	25. DATE RECD. BY LOCAL REG. 10-5-60	26. REGISTRAR'S SIGNATURE Ruth B. Powell
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 14 1960

OCT 31 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 Vernon M. Norton

Licensed Embalmer No. 4125

P. O. Address Linn, T.

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.