

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045051

FILED VS DEC 19 1960

Registration District No. 10 Primary Registration District No. 51037 Registrar's No. 284

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Audrain					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salt River Twp		Length of stay in 1b Years		c. CITY OR TOWN Mexico		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 mi S. of Mexico			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 25 Short Harrison		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First PAUL Middle DAVID Last TURNER				4. DATE OF DEATH Month December Day 15 Year 1960					
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5-21-04	9. AGE (last birthday) 56	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). Custodian, Missouri Military Academy			10b. KIND OF BUSINESS OR INDUSTRY Iowa		11. BIRTHPLACE (City and state or country) Iowa		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Wm. Edward Turner			13b. MOTHER'S MAIDEN NAME Eunice Kenoly			14. NAME OF HUSBAND OR WIFE Norlene 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. 509-10-4214		17. INFORMANT Mrs. Norlene Turner Mexico, Mo.			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) Bohem neck							INTERVAL BETWEEN ONSET AND DEATH immediate		
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)					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 checked="" 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.) Automobile truck collision							
20c. TIME OF INJURY Hour 9:30 p.m. Month, Day, Year 12-15-60		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.) Highway 54 So. Mo		20f. CITY, TOWN, OR LOCATION Mexico		COUNTY Audrain STATE Mo.	
21. I attended the deceased from 9:30 Never to never and last saw her alive on never Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) William H. Ferguson Colonel				22b. ADDRESS 1120 Clark Mexico Mo.			22c. DATE SIGNED 12-15-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-19-60	23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery		23d. LOCATION (City, town, or county) (State) Mexico, Mo.					
24. FUNERAL DIRECTOR: Arnold Funeral Home Mexico, Mo.				25. DATE RECD. BY LOCAL REG. Dec. 18 1960		26. REGISTRAR'S SIGNATURE Blanche Keely			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 23 1960

DEC 27 1960

FEB 7 1961

MAR 21 1961

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 Richard T. M. Glone

Licensed Embalmer No. 482

P. O. Address Mexico

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.