URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-047072

FILED VS JAN 16 1961

STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 5938 Registrar's No. 261

NDED

1. PLACE OF DEATH
a. COUNTY Phelps
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Arlingtown Ship — Length of stay in 1b years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Phelps
c. CITY OR TOWN Newburg — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 6 Miles North of Newburg — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First William Middle Martin Last Turner

4. DATE OF DEATH Month Dec. Day 31, Year 1960

5. SEX MALE

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH April 23, 1878

9. AGE (last birthday) 82 — IF UNDER 1 YEAR Months 8 Days 8 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (City and state or country) Phelps Mo. County

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Martin Turner

13b. MOTHER'S MAIDEN NAME Matilda Hudgens

14. NAME OF HUSBAND OR WIFE Mary 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 Mary Turner Address Rt 2 Newburg Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH 6 months
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) Probable Cirrhosis

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 10/20/54, to 12/28/60 and last saw her/him alive on 12/28/60
Death occurred at 5:30P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) S F Andreassen Md

22b. ADDRESS Rolla Mo

22c. DATE SIGNED 1/3/60

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE Jan 2, 1961

23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Garden

23d. LOCATION (City, town, or county) South of Rolla (State) Mo.

24. FUNERAL DIRECTOR Lee Johnson ADDRESS Newburg Mo.

25. DATE RECD. BY LOCAL REG. Jan 2, 1961

26. REGISTRAR'S SIGNATURE Nadine L. Stoll

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

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_____ Signed William L Straw

Signature of Student Embalmer

Licensed Embalmer No. 5043

P. O. Address Newberg

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.