MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

SL-24073 - XC-505 772

61-006976 STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1238

FILED VS FEB 20 1961

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE ARKANSAS b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN VAH, ST. LOUIS, MISSOURI
Length of stay in 1b: 115 DAYS
c. CITY OR TOWN OZARK
Inside Limits: Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, 915 NORTH GRAND AVE.
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) STAR ROUTE 1
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: JESSE Middle: Last: TURNER
4. DATE OF DEATH Month Day Year: 2/6/61

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7/7/95
9. AGE (last birthday): 65
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): LABORER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): REDDING, ARKANSAS
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: GEORGE W. TURNER
13b. MOTHER'S MAIDEN NAME: JOANNA BOWLES
14. NAME OF HUSBAND OR WIFE: FRANKIE TURNER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW-I
16. SOCIAL SECURITY NO.: —
17. INFORMANT: FRANKIE TURNER (WIDOW) SEE #2 Address

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) CARDIAC ARREST — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) TUBERCULOUS PERICARDITIS — 4-6 MONTHS
DUE TO (c) 018.2

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
CONGESTIVE HEART FAILURE, RENAL FAILURE, PROBABLE PULMONARY TUBERCULOSIS

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. VA attended the deceased from 7/6/60, to 2/6/61 and last saw him alive on 2/6/61
Death occurred at 1:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): IRWIN S. KAYE, M.D.
22b. ADDRESS: VAH, ST. LOUIS, MO.
22c. DATE SIGNED: 2/6/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 2/6/61
23c. NAME OF CEMETERY OR CREMATORY: Ozark Ark.
23d. LOCATION (City, town, or county) (State): Ozark, Arkansas

24. FUNERAL DIRECTOR: Edward Fendler
ADDRESS: 5611 So. Grand Blvd.
25. DATE RECD. BY LOCAL REG.: FEB 7 1961
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

FEB 28 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 me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Herbert F. Gay Jr.

Licensed Embalmer No. #4900

P. O. Address Kirkwood 22 Pa

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.