MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-016311
STATE FILE NUMBER

AMENDED

Registration District No. 375 Primary Registration District No. 6281 Registrar's No. 7

FILED APR 19 1961

1. PLACE OF DEATH
a. COUNTY: Wright
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Norwood — Length of stay in 1b: 12 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Home [redacted] Norwood, Mo. — Inside Limits: Yes ☐ No ☑

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

3. NAME OF DECEASED (Type or print): First: Ada Middle: Belle Last: Turner
4. DATE OF DEATH: Month: April Day: 13 Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: 6-4-1881
9. AGE (last birthday): 79 — 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:
11. BIRTHPLACE (City and state or country): Wright County, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Thomas Dugger
13b. MOTHER'S MAIDEN NAME: Martha Cook
14. NAME OF HUSBAND OR WIFE: Deceased
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: Dolores Schevechheimer, New York City, NY — 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): Cardiac Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cardio-Vascular - Renal Disease — years
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. ☐ 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 Feb 10, 1961 to April 12, 1961 and last saw her/him alive on April 12, 1961
Death occurred at 7:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): F. E. Worthey D.O.
22b. ADDRESS: Hartville Mo
22c. DATE SIGNED: 4-14-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-16-1961
23c. NAME OF CEMETERY OR CREMATORY: Steele Memorial
23d. LOCATION (City, town, or county) (State): Hartville, Missouri

24. FUNERAL DIRECTOR: Carlos Aldose — ADDRESS: Hartville, Mo.
25. DATE RECD. BY LOCAL REG.: 4-17-1961
26. REGISTRAR'S SIGNATURE: Bonnie J. Jones.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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_____ Signed Max L Miller

Signature of Student Embalmer

Licensed Embalmer No. 4720

P. O. Address Mansfield Tx

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.