MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

PARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER -61-027982

AMENDED

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 142

FILED AUG 8 1961

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Marshall — Length of stay in 1b: 19 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Fitzgibbon Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Saline
c. CITY OR TOWN: Marshall — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 408 North Odell — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: THOMAS Middle: CLARK Last: TURNER
4. DATE OF DEATH: Month: July Day: 31 Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3-11-1890
9. AGE (last birthday): 71 — 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): Ret. Maintenance Man
10b. KIND OF BUSINESS OR INDUSTRY: Shoe Factory
11. BIRTHPLACE (City and state or country): Gilliam, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Frank A. Turner
13b. MOTHER'S MAIDEN NAME: Mary E. Williams
14. NAME OF HUSBAND OR WIFE: Regina Josephine Turner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War I
17. INFORMANT: Mrs. Victor Kateman Address: Marshall, Mo.

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): Bronchogenic carcinoma
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
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 Nov. 4. 1960, to Jul. 31, 1961 and last saw ~~her~~ him alive on Jul. 30. 1961
Death occurred at 6 am. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [illegible] M.D. (Degree or title)
22b. ADDRESS: Marshall. Mo.
22c. DATE SIGNED: 731.61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-2-1961
23c. NAME OF CEMETERY OR CREMATORY: Gilliam Cemetery
23d. LOCATION (City, town, or county) (State): Gilliam, Missouri
24. FUNERAL DIRECTOR: Campbell-Lewis ADDRESS: Marshall, Mo.
25. DATE REC'D. BY LOCAL REG.: 7-31-61
26. REGISTRAR'S SIGNATURE: Cecil B. Read

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

AUG 17 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_____ Signed James H. Lewis Jr.
Signature of Student Embalmer

Licensed Embalmer No. 4799

P. O. Address Marshall, Mo

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.