

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-032009

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 953 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Buchanan b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph Length of stay in 1b 2 wks. c. CITY OR TOWN Wathena Inside Limits Yes [] No [X] d. STREET ADDRESS (If outside, give location) Rural Route #2 Reside on Farm Yes [X] No []

3. NAME OF DECEASED First Middle Last ROSCOE HARRINGTON TURNER 4. DATE OF DEATH Month Day Year Sept 20 1961

5. SEX Male 6. COLOR OR RACE white 7. Married [X] Never Married [] Widowed [] Divorced [] 8. DATE OF BIRTH 10-8-1907 9. AGE (last birthday) 53 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) Flour packer 10b. KIND OF BUSINESS OR INDUSTRY Quaker Oats Co. 11. BIRTHPLACE (City and state or country) Clinton Co. Missouri 12. CITIZEN OF WHAT COUNTRY U S A

13a. FATHER'S NAME JOHN TURNER 13b. MOTHER'S MAIDEN NAME DOSIA A NOLDINGER 14. NAME OF HUSBAND OR WIFE Mrs. Lela M. Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 17. INFORMANT Address Mrs. Lela Turner Wathena Kansas

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Infarction INTERVAL BETWEEN ONSET AND DEATH 2 wks. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis ? DUE TO (c) Arteriosclerosis Heart Disease 1 yr.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Mild Hypertension, Duration ? PART III. If deceased was female was there a pregnancy in last 90 days. [] Yes [] No [] Unknown

19. WAS AUTOPSY PERFORMED? YES [] NO [X] 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 Sept-7-61 to Sept-20-61 and last saw him alive on Sept-20-61 Death occurred at 11:00 P. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) T.L. Howden M.D. 22b. ADDRESS 449 Kirkpatrick Bldg 22c. DATE SIGNED 9-22-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Sept. 23, 1961 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery 23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri

24. FUNERAL DIRECTOR NAME ADDRESS St. Joseph, Mo 25. DATE RECD. BY LOCAL REG. Sept. 26, 1961 26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

DATE AMENDED INSTEAD OF DOCUMENT BY AFFIDAVIT OF SHOULD READ ITEM NO.

T.L. Howden, M.D. MEDICAL CERTIFICATION

NOV 7 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

Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St Joseph 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.