

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

326-61-032059 STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3907 Registrar's No. 326

AMENDED

FILED OCT 9 1961

1. PLACE OF DEATH a. COUNTY <b>BUTLER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>WAYNE</b>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>POPLAR BLUFF</b>		Length of stay in lb <b>4 DAYS</b>	c. CITY OR TOWN <b>GREENVILLE, MO</b>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>DOCTOR'S HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>FLOYD EDBAR TURNER</b>			4. DATE OF DEATH Month Day Year <b>SEPT 23 1961</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11/30/1883</b>	9. AGE (last birthday) <b>77</b>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MERCHANT</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>GROCERY STORE</b>	11. BIRTHPLACE (City and state or country) <b>JONESBURGH KANSAS</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>WILLIS TURNER</b>		13b. MOTHER'S MAIDEN NAME <b>AMANDA LORANCE</b>		14. NAME OF HUSBAND OR WIFE <b>MARY FRANCIS TURNER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WWI</b>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>MARY FRANCIS TURNER</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) <b>Ventricular fibrillation</b>	INTERVAL BETWEEN ONSET AND DEATH <b>10 min.</b>
Conditions, if any, which gave rise to, above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic heart disease</b>	<b>5 years</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) **ulcer. Massive hemorrhage from gastric**

PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 **9/21/61** to **death** and last saw ~~him~~ <sup>her</sup> alive on **9/22/61**  
 Death occurred at **1:25 P** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (In free or title) <b>E. I. Hansbrough, M. D.</b>	22b. ADDRESS <b>623 Pine Blvd., Poplar Bluff, Mo.</b>	22c. DATE SIGNED <b>9/28/61</b>
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23a. BURIAL CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>SEPT 25, 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>GREENVILLE CEM.</b>	23d. LOCATION (City, town, or county) (State) <b>GREENVILLE MO.</b>
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24. FUNERAL DIRECTOR ADDRESS <b>GISH FUNERAL HOME GREENVILLE, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>10-3-1961</b>	26. REGISTRAR'S SIGNATURE <b>Zelma Jackson</b>
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 SHOULD READ  
 ITEM NO.

OCT 24 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 me, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Mawen E. Bowles

Licensed Embalmer No. 4426

P. O. Address Redmont,

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.