

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

387-61-036095
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 387

FILED NOV 14 1961

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Missouri COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Length of stay in lb 19 days	c. CITY OR TOWN Poplar Bluff Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Doctors Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1410 Spring St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Bernard Middle Gayle Last Turner Jr.	4. DATE OF DEATH Month October Day 30 Year 1961
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/11/61	9. AGE (last birthday) IF UNDER 1 YEAR Months 19 Days 19 Hours 19 Min. 19	IF UNDER 24 HR Hours 19 Min. 19
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Poplar Bluff, Mo	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME Bernard Gayle Turner	13b. MOTHER'S MAIDEN NAME Betty Felts	14. NAME OF HUSBAND OR WIFE Infant
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Bernard Turner Jr. Address Poplar Bluff, Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Post operative Peritonitis		INTERVAL BETWEEN ONSET AND DEATH 14 Ea.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Sudden Atonia		29 Ea
	DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cong. Heart Disease type UnDet.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour 2:30 a.m. A. Month, Day, Year 10-30-61	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 Poplar Bluff, Mo COUNTY Butler STATE Missouri
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21. I attended the deceased from **10-11-61** to **10-30-61** and last saw ^{her} alive on **10-30-61**
Death occurred at **2:30 A. M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Arthur C. Parker Jr. M.D.	22b. ADDRESS Poplar Bluff, Mo	22c. DATE SIGNED 11/3/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/31/61	23c. NAME OF CEMETERY OR CREMATORY City	23d. LOCATION (City, town, or county) Poplar Bluff, Missouri
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24. FUNERAL DIRECTOR Frank-Cotrell Chapel, Poplar Bluff, Mo.	25. DATE RECD. BY LOCAL REG. 11/8/61	26. REGISTRAR'S SIGNATURE Shelma Graham
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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.