MISSOURI DIVISION OF HEALTH ▲ STANDARD CERTIFICATE OF DEATH

62-005135
STATE FILE NUMBER

FILED JAN 29 1962

Registration District No. 333062 Primary Registration District No. 6113 Registrar's No. 18

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
2			

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: SCOTT
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: RICHLAND TWNSHIP — Length of stay in 1b: 3 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: R. F. D. #1 BENTON — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: SCOTT
c. CITY OR TOWN: BENTON — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R. F. D. #1 — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: FRIEDA [illegible] Middle: Last: TURNER
4. DATE OF DEATH: Month: JANUARY Day: 15 Year: 1962
5. SEX: FEMALE
6. COLOR OR RACE: COLORED
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12/21/61
9. AGE (last birthday): IF UNDER 1 YEAR: Months: Days: 24 IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): R. F. D. #1 BENTON, MO. U.S.A.
12. CITIZEN OF WHAT COUNTRY:
13a. FATHER'S NAME: UNKNOWN
13b. MOTHER'S MAIDEN NAME: LUCILLE TURNER
14. NAME OF HUSBAND OR WIFE:
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: SNAP TURNER Address: R. F. D. #1 BENTON, 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): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (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)
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 First Care, to Death and last saw him alive
Death occurred at 3:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Clyde Poe (Degree or title): Coroner
22b. ADDRESS: Sikeston MO
22c. DATE SIGNED: 1/14/62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 1/15/62
23c. NAME OF CEMETERY OR CREMATORY: MCMULLAN
23d. LOCATION (City, town, or county) (State): SCOTT COUNTY MO.

24. FUNERAL DIRECTOR ADDRESS: EARL J. SMITH F. H. ORAN, MO.
25. DATE RECD. BY LOCAL REG.: Jan-21-1962
26. REGISTRAR'S SIGNATURE: Jeanette Waldman

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was NOT embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Earl J Smith

Licensed Embalmer No. 2676

P. O. Address Oran, 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.