MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-013826
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 337 Primary Registration District No. 4499 Registrar's No. 3

FILED APR 3 1962

1. PLACE OF DEATH
a. COUNTY: Shelby
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Shelbina
Length of stay in 1b: 3 Weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Owrey Nurseing Home
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Shelby
c. CITY OR TOWN: Shelbina
Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location):
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Norma Middle: Gertrude Last: Turner
4. DATE OF DEATH: Month 3 Day 29 Year 62
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11/2/1903
9. AGE (last birthday): 58
IF UNDER 1 YEAR: Months 4 Days 27
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: House Work
11. BIRTHPLACE (City and state or country): Lenter Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A
13a. FATHER'S NAME: Wilbur Hollenbeck
13b. MOTHER'S MAIDEN NAME: Sarah Tanner
14. NAME OF HUSBAND OR WIFE: ~~Ollie~~ Turner, Oliver
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.: No
17. INFORMANT: Oliver ~~Ollie~~ Turner Address: Shelbina 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): Hemorrage Left Ventrical
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Carcinoma of Left Breast
DUE TO (c): Carcinoma penerating left Ventrical
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 _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] Coroner
22b. ADDRESS: Bethel, Missouri
22c. DATE SIGNED: 3/31/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4/1/1962
23c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Centery
23d. LOCATION (City, town, or county) (State): Shelbina Mo

24. FUNERAL DIRECTOR: Barkelew & Davis ADDRESS: Shelbina Mo
25. DATE REC'D. BY LOCAL REG.: 4-1-62
26. REGISTRAR'S SIGNATURE: Marianne Simpson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	1020		10/5/62
2	1020		
3			
4	1		
5	1		
6			
7	0		
8	2		
9	170X		
10			
11			
12	86-3		
13	3-0		
14,17	Oliver	Ollie	

BY AFFIDAVIT OF Funeral Director DOCUMENT

SEP 19 1962

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 Perry A Barkelew

Licensed Embalmer No. 3835

P. O. Address Shelbina - 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.