MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-020740
STATE FILE NUMBER

Registration District No. 197 Primary Registration District No. 3040 Registrar's No. 122

FILED MAY 17 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

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

1. PLACE OF DEATH
a. COUNTY: LIVINGSTON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: CHILLICOTHE — Length of stay in 1b: 6 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 1021 MONROE — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: LIVINGSTON
c. CITY OR TOWN: CHILLICOTHE — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1021 MONROE — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First RUBY Middle LENORA Last TURNER
4. DATE OF DEATH: Month MAY Day 14 Year 1963
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 2-13-1889
9. AGE (last birthday): 74 — 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): Secretary
10b. KIND OF BUSINESS OR INDUSTRY: Food Service Co
11. BIRTHPLACE (City and state or country): LIVINGSTON Co., MO.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: LZA KERR
13b. MOTHER'S MAIDEN NAME: ELIZA JARRELL
14. NAME OF HUSBAND OR WIFE: ROBERT L. TURNER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of servi
16. SOCIAL SECURITY NO.:
17. INFORMANT: JOE KERR: 1021 MONROE CHILLICOTHE, MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized arteriosclerosis — Unknown
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 May 13, 1963 to May 14, 1963 and last saw her alive on May 13, 1963
Death occurred at 5:00 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): William L. Fair, MD
22b. ADDRESS: Chillicothe, Mo.
22c. DATE SIGNED: 5/14/63

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 5-16-63
23c. NAME OF CEMETERY OR CREMATORY: UTICA
23d. LOCATION (City, town, or county) (State): UTICA, MO.

24. FUNERAL DIRECTOR: NORMAN FUNERAL HOME
ADDRESS: CHILLICOTHE, MO.
25. DATE RECD. BY LOCAL REG.: May 15, 1963
26. REGISTRAR'S SIGNATURE: Amalee Taylor

(Licensed Embalmer's Statement on Reverse Side)

MAY 24 1963

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 Elton Norman

Licensed Embalmer No. 4036

P. O. Address Vallicathe 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.