

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012359

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 351

STATE FILE NUMBER

FILED APR 3 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)	
a. COUNTY Linn		a. STATE MO.	b. COUNTY Macon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marceline	Length of stay in 1b 7 yrs. 5 mo.	c. CITY OR TOWN Goldsberry	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bunton Nursing Home	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Emmett H. Turner		4. DATE OF DEATH Month March Day 27, Year 1963	
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 1-23-1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY On Farm	9. AGE (last birthday) 77 IF UNDER 1 YEAR Months 2 Days 4 IF UNDER 24 HR Hours Min.
11. BIRTHPLACE (City and state or country) Tullvania, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME T. M. Turner		13b. MOTHER'S MAIDEN NAME Susan Lile	
14. NAME OF HUSBAND OR WIFE "Never Married"		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Bunton Nursing Home, Marceline, Missouri	
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 DUE TO (b) Influenza DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH
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 1959 and last saw him alive on Nov. 20, 1963. Death occurred at 8:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE George Jones		22b. ADDRESS Marceline, Missouri	
22c. DATE SIGNED 3-7-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE March 29, 1963		23c. NAME OF CEMETERY OR CREMATORY Helton Cemetery	
23d. LOCATION (City, town, or county) Goldsberry, Missouri		24. FUNERAL DIRECTOR Larson Funeral Service, Bucklin, Mo.	
25. DATE RECD. BY LOCAL REG. 3-29-63		26. REGISTRAR'S SIGNATURE Anna Watson	

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0581

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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 Larry D. Vobornik, Student Embalmer No. 669

working under my personal supervision.

Student

Larry D. Vobornik
Signature of Student Embalmer

Signed

E. A. Larson

Licensed Embalmer No. 4037

P. O. Address Bucklin, Missouri

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.