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FILED JUL 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23150

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 604

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give town) Springfield	c. LENGTH OF STAY (in this place) 10 years	c. CITY (If outside corporate limits, write RURAL and give township) Springfield	
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital		d. STREET ADDRESS (If rural, give location) 2518 N. Main Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) ORSON	b. (Middle) OLIVER	c. (Last) TURNER	4. DATE OF DEATH (Month) (Day) (Year) July 7, 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 19 Dec. 1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY Farm	9. AGE (In years last birthday) 72
11. BIRTHPLACE (State or foreign country) Philo, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Orson A. Turner		13b. MOTHER'S MAIDEN NAME Syrelda Anderson	14. NAME OF HUSBAND OR WIFE Phoebe Turner
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. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Eulan Bussard, Springfield, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 hours
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Trauma, contusions and Hemorrhage	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Automobile Accident		8/8/66
DUE TO (c)	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		26

19a. DATE OF OPERATION 7. 7. 49	19b. MAJOR FINDINGS OF OPERATION Trebene operations - Subdural Hemorrhage		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDAL HOMICIDE Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Near Kella, - Call. Co. Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 7 '49 11:30 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Automobile passenger injury	

22. I hereby certify that I attended the deceased from July 7, 1949, to July 7, 1949, that I last saw the deceased alive on July 7, 1949, and that death occurred at 11:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE Gene W. Farthing M.D.	(Degree or title)	23b. ADDRESS Springfield, Mo.	23c. DATE SIGNED 7. 8. 49.
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9 July 1949	24c. NAME OF CEMETERY OR CREMATORY Robberson Prairie	24d. LOCATION (City, town, or county) (State) Greene County, Missouri
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DATE REC'D BY LOCAL REG 7-9-49	REGISTRAR'S SIGNATURE W.E. Landrum M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fred C. Thomas, Springfield, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed _____

Ralph H. Thomas

Signed _____
Student Embalmer

Licensed Embalmer No. 3681

P. O. Address Springfield, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.