S. No. 300
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FILED AUG 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25944

BIRTH NO. _____ REG. DIST. NO. 379 PRIMARY REG. DIST. NO. 4553 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY Wright
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mansfield
c. LENGTH OF STAY (in this place) 80 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address of location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mansfield
b. COUNTY Wright Mo.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mansfield
d. STREET ADDRESS (If rural, give location)

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3. NAME OF DECEASED (Type or Print)
a. (First) Joseph
b. (Middle) Clendenon
c. (Last) Turner

4. DATE OF DEATH (Month) (Day) (Year) July 15-1949

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH July 4-1869
9. AGE (In years last birthday) 80 — If under 1 year: Months, Days — If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Dairy
11. BIRTHPLACE (State or foreign country) Mansfield Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Turner
13b. MOTHER'S MAIDEN NAME Elizabeth White
14. NAME OF HUSBAND OR WIFE Ava Crippen

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'S SIGNATURE OR NAME Ruth Brown — **ADDRESS** Mansfield 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 9 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterial Sclerosis — several years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
33X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-7, 1949, *to* 7-15, 1949, *that I last saw the deceased alive on* 7-15, 1949, *and that death occurred at* 10:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE J. A. Fuson (Degree or title) MD
23b. ADDRESS Mansfield Mo
23c. DATE SIGNED 7-16-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 17-49
24c. NAME OF CEMETERY OR CREMATORY Mansfield Cem.
24d. LOCATION (City, town, or county) Mansfield (State) Missouri

DATE REC'D BY LOCAL REG. 7-16-49
REGISTRAR'S SIGNATURE Ruth Stout - Dept. 384
25. FUNERAL DIRECTOR'S SIGNATURE F. A. Steffe **ADDRESS** Mansfield Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED AUG 1 1949
District Health Office
District Number 149-870
Date Filed 7-29-49

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 F. A. Steffe

Signed ..... Student Embalmer

Licensed Embalmer No. 3221

P. O. Address Mansfield 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 this body is not embalmed, fact should be so stated above.