

S. No. 300  
EV. 10.48

FILED OCT 24 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34335**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 182 PRIMARY REG. DIST. NO. 5686 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Linneus</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bucklin, Mo rural</u>	
c. LENGTH OF STAY (In this place) <u>18 Mo.</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Convelescent Home (Rural)</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eliza</u> b. (Middle) <u>F</u> c. (Last) <u>Turner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 14, 1949</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Sept. 14, 1873</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>	9. AGE (In years last birthday) <u>76</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>17</u> IF UNDER 4 HRS. Hours <u>17</u> Min.
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) <u>Lewis Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Porter Thrasher</u>		13b. MOTHER'S MAIDEN NAME <u>Rachel English</u>	14. NAME OF HUSBAND OR WIFE <u>William T. Turner</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fred T. Crippen Bucklin Mo.</u>
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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 1/2 hrs</u> <u>4 1/2 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Heart Disease</u>		
	DUE TO (c) <u>General Arterio Sclerosis</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan 1, 1949</u> , to <u>Sept 28, 1949</u> , that I last saw the deceased alive on <u>Sept 28, 1949</u> , and that death occurred at <u>1 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Roy R. Hale</u>		23b. ADDRESS <u>Woodville, Mo.</u>	23c. DATE SIGNED <u>10-14-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Oct 14 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodville, Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>near Gorin, Mo</u>
DATE REC'D BY LOCAL REG. <u>Oct 14 -49</u>	REGISTRAR'S SIGNATURE <u>Ms. Budie Kelley</u>	FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jas. M. Kautlin, Marcoline, MO</u>	

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.

Student .....  
Student Embalmer

Signed

*Blanche M. Taylor*

Licensed Embalmer No. *1909*

P. O. Address *Marceline 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.