

FILED OCT 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34657**

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 338	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give town or township) Sedalia			c. LENGTH OF STAY (in this place) 31	c. CITY (If outside corporate limits, write RURAL and give township) Sedalia			
d. FULL NAME OF HOSPITAL OR INSTITUTION 808 E 18th				d. STREET ADDRESS (If rural, give location) 808 E. 18th			
3. NAME OF DECEASED (Type or Print) a. (First) Ollie Mae b. (Middle) Turner c. (Last) Turner			4. DATE OF DEATH (Month) (Day) (Year) October 6, 1949				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 9, 1869	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 12 HRS. Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Saline County Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Tobias Bakert		13b. MOTHER'S MAIDEN NAME Julia Ann Moore		14. NAME OF HUSBAND OR WIFE John W. 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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Willa Gillaspay 800E.18th, Sedalia				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocarditis Chronic 5-6 yrs					INTERVAL BETWEEN ONSET AND DEATH 3 da 391X	
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) _____		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 About , 1940, to Oct 6 , 1949, that I last saw the deceased alive on Oct 6 , 1949, and that death occurred at 4:30 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) A. L. Walter D MO				23b. ADDRESS Sedalia Mo		23c. DATE SIGNED 10-8-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/8/49	24c. NAME OF CEMETERY OR CREMATORY Hazel Grove		24d. LOCATION (City, town, or county) (State) Saline County, Mo		
DATE REC'D BY LOCAL REG. 10/8/49		REGISTRAR'S SIGNATURE Betty Yeager deputy		25. FUNERAL DIRECTOR'S SIGNATURE Walter		ADDRESS Sedalia Mo	

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

RECEIVED OCT 17
District Health Officer No. 8,
District File Number _____
Date Filed 10-17-89

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 Karen K Dietz

Licensed Embalmer No. 4583

P. O. Address Sedalia, 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.