

FILED DEC 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40855
State File No. _____

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1096

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield,</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield,</u>	
c. LENGTH OF STAY (In this place) <u>11 hours</u>		d. STREET ADDRESS (If rural, give location) <u>723 E. Walnut</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Otie</u>	b. (Middle) <u>M.</u>	c. (Last) <u>Turner</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>December 11, 1949</u>
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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>Nov. 22, 1875</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>19</u>	IF UNDER 24 HRS. Hours <u>19</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>In Home</u>	11. BIRTHPLACE (State or foreign country) <u>Pennsylvania</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>James Hildrith</u>	13b. MOTHER'S MAIDEN NAME <u>Harriet Carrier</u>	14. NAME OF HUSBAND OR WIFE <u>James Robert Turner</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Harold L. Turner</u>	ADDRESS <u>Springfield,</u>
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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		MO.	INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>			<u>1 year</u>
	ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____			<u>7222</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Hepatitis</u>				<u>1 year</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Dec 25, 1948, to Dec 11, 1949, that I last saw the deceased alive on Dec 10, 1949, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Herbert C. Coffey M.D.</u>	(Degree or title)	23b. ADDRESS <u>SPRINGFIELD, MO.</u>	23c. DATE SIGNED <u>12-12-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 13, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Billings, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>12-13-49</u>	REGISTRAR'S SIGNATURE <u>W.S. Handley</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Dorman Schaff</u>	ADDRESS <u>Springfield, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

27
2
6

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

Lewis G. Scharpf

Signed.....

Student Embalmer

Licensed Embalmer No. *3807*

P. O. Address *Springfield, 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.