

FILED JUL 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Feller
State File No. _____
1951
Registrar's No. 607

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

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 township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	
c. LENGTH OF STAY (In this place) 14 yrs.		d. STREET ADDRESS (If rural, give location) 2407 W. Walnut	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2407 W. Walnut			

3. NAME OF DECEASED (Type or Print) a. (First) Elmer b. (Middle) Turner c. (Last) Turner			4. DATE OF DEATH (Month) (Day) (Year) July 4, 1950		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 16 1906	9. AGE (In years last birthday) 44	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hour	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City Utilities	10b. KIND OF BUSINESS OR INDUSTRY City Utilities	11. BIRTHPLACE (State or foreign country) Wiseman, Ark.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Sam Turner	13b. MOTHER'S MAIDEN NAME Lizzie Durbin	14. NAME OF HUSBAND OR WIFE Lola Turner
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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) Yes W.W. # 2	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ola Turner	ADDRESS Springfield, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of Lung.</i>		
	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. <i>Injuries Recd in WWI</i>		162X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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 6-7-1950, to 7-4-1950, that I last saw the deceased alive on 7-4-1950, and that death occurred at 9 a. m., from the causes and on the date stated above.

23a. SIGNATURE <i>C. E. Feller MD</i>	(Degree or title) MD	23b. ADDRESS 609 Chary, Springfield, Mo.	23c. DATE SIGNED 7/7/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-7-50	24c. NAME OF CEMETERY OR CREMATORY White Chapel Cemetery	24d. LOCATION (City, town, or county) (State) Near Springfield, Missouri
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DATE REC'D BY LOCAL REG. 7-7-50	REGISTRAR'S SIGNATURE <i>W. E. Haudley MD</i>	25. FUNERAL DIRECTOR'S SIGNATURE H. H. Lohmeyer	ADDRESS Springfield, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2396

2396

JUL 3 1 1954

JUL 14 1954

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 *Walter E. Hamula*.....

Licensed Embalmer No. *2808*.....

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.