

FILED JUL 1 1950

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 20517

2614

|   |  |  |   |   |   |   |  |
|---|--|--|---|---|---|---|--|
| BIRTH MO. _____   |  | REG. DIST. NO. <u>149</u>  |   | PRIMARY REG. DIST. NO. <u>1002</u>  |   | Registrar's No. _____                         |  |
| 1. PLACE OF DEATH   |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)          |   |   |  |
| a. COUNTY <u>Jackson</u>  |  |  |   | a. STATE <u>Missouri</u>  |   | b. COUNTY <u>Jackson</u>                      |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>   |  |  | c. LENGTH OF STAY (in this place) <u>33 yrs.</u>                                | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> |   |   |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>C. General Hosp.</u>  |  |  |   | d. STREET ADDRESS (If rural, give location) <u>1707 Jefferson</u>                               |   |   |  |
| 3. NAME OF DECEASED   |  |  | 4. DATE OF DEATH  |   |   |   |  |
| a. (First) <u>Orra</u>  |  | b. (Middle) _____  | c. (Last) <u>Turner</u>   |   | (Month) <u>June</u>   | (Day) <u>11</u>                               | (Year) <u>1950</u>   |
| 5. SEX <u>Female</u>  | 6. COLOR OR RACE <u>White</u>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>                                  | 8. DATE OF BIRTH <u>July 27 1886</u>  |   | 9. AGE (in years last birthday) <u>63</u>                           | IF UNDER 1 YEAR Months _____ Days _____       | IF UNDER 24 HRS. Hours _____ Min. _____  |
| 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>At Home</u>   | 11. BIRTHPLACE (State or foreign country) <u>Butler Missouri</u>                |   | 12. CITIZEN OF WHAT COUNTRY? <u>US</u>                              |   |  |
| 13a. FATHER'S NAME <u>No Record</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>No Record</u>   |   | 14. NAME OF HUSBAND OR WIFE <u>Sterling Turner</u>  |   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>   |  | 16. SOCIAL SECURITY NO. <u>None</u>  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sterling Turner, K.C. Missouri</u> |   |   |   |  |
| 18. CAUSE OF DEATH  | MEDICAL CERTIFICATION  |  |   |   |   |   |  |
| Enter only one cause per line for (a), (b), and (c)   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>                |  |   |   |   | INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> |  |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.   | ANTECEDENT CAUSES  |  |   |   |   |   |  |
|   | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. |  |   |   |   |   |  |
|   | DUE TO (b) <u>Hypertensive cardiovascular disease</u>  |  |   |   |   |   |  |
|   | DUE TO (c) _____   |  |   |   |   |   |  |
|   | II. OTHER SIGNIFICANT CONDITIONS   |  |   |   |   |   |  |
|   | Conditions contributing to the death but not related to the disease or condition causing death.  |  |   |   |   | <u>445h</u>                                   |  |
| 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>1-28</u> , 19 <u>48</u> , to <u>6-11</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>6-10</u> , 19 <u>50</u> , and that death occurred at <u>3:50 Am.</u> , from the causes and on the date stated above. |  |  |   |   |   |   |  |
| 23. SIGNATURE <u>Jos. W. Parker Jr.</u> (Degree or title) <u>M.D.</u>   |  |  |   | 23b. ADDRESS <u>2603 E 31st St K.C. Mo.</u>   |   | 23c. DATE SIGNED <u>6-12-50</u>               |  |
| 24a. BURIAL, CREMATION (REMOVAL) (Specify) <u>Burial</u>  |  | 24b. DATE <u>6/14/50</u>   | 24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u>                       |   | 24d. LOCATION (City, town, or county) (State) <u>Bethel, Kansas</u> |   |  |
| DATE REC'D BY LOCAL REG <u>6-12-50</u>  |  | REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Gates Funeral Home,</u>                                     |   | ADDRESS <u>K. C. Kans.</u>                    |  |

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Joseph Karker  
2603 East 31st.

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

*Jimmy S. Hubbsorn*

Licensed Embalmer No. *4092*

P. O. Address

*Missouri, Kans.*

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.