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No. 300
10.48

FILED JUN 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20939
Registrar's No. 198

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043

6649

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

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>916 Lyon Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>916 Lyon Street</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Algieo</u> b. (Middle) <u>E.</u> c. (Last) <u>Turner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 17 1950</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>Widow</u>		8. DATE OF BIRTH <u>October 20 1866</u>		9. AGE (In years last birthday) <u>83</u>		F UNDER 1 YEAR <u>6</u> Days		F UNDER 2 HRS. <u></u> Hours		F UNDER 15 MIN. <u></u> Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>			11. BIRTHPLACE (State or foreign country) <u>Palmyra-Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
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13a. FATHER'S NAME <u>Thomas A. Baker</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Burrer</u>			14. NAME OF HUSBAND OR WIFE <u>A.E. 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>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Philo Turner</u> ADDRESS <u>916 Lyon St. Hannibal MO</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio vascular Recul</u> ANTECEDENT CAUSES <u>Decease</u> 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.						INTERVAL BETWEEN ONSET AND DEATH <u>5</u> <u>0</u>	
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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 Jan 1950, to May 17, 1950 that I last saw the deceased alive on May 17, 1950, and that death occurred at 3:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Altona P. [Signature]</u> (Degree or title)		23b. ADDRESS <u>Hannibal MO</u>		23c. DATE SIGNED <u>May 22 50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-19-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Palmyra Marion MO</u>	
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DATE REC'D BY LOCAL REG. <u>6-13-50</u>		REGISTRAR'S SIGNATURE <u>D. E. M. [Signature]</u>		MAYOR'S SIGNATURE <u>[Signature]</u>		FUNERAL DIRECTOR'S SIGNATURE <u>James O'Donnell</u> ADDRESS <u>Hannibal MO</u>	
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RECEIVED JUN 17 1950

MARION CO. HEALTH DEPT.

DATE FILED JUN 19 1950

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 _____

Michael J. Coffey

Licensed Embalmer No. 3246

P. O. Address Nannul. 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.