

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 13 1950

BIRTH NO. _____ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **235**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Adair	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville, Mo.	a. STATE Missouri	b. COUNTY Shelby
c. LENGTH OF STAY (in this place) 3 Days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lentner Mo. Rural 3 Miles N.E.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Grim & Smith		d. STREET ADDRESS (If rural, give location) Rural 3 Miles N. E. 1070 / 1	

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) Bruce	c. (Last) Turner	4. DATE OF DEATH (Month) (Day) (Year) 9-5-1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH October 20, 1919	9. AGE (In years last birthday) 20	10. IF UNDER 1 YEAR (Months) 10	11. IF UNDER 4 HRS. (Days) 15	12. IF UNDER 1 HRS. (Hours) 15	13. IF UNDER 1 MIN. (Mins.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Helper	10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (State or foreign country) Shelby County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Wade Turner	13b. MOTHER'S MAIDEN NAME Naomia Bruce	14. NAME OF HUSBAND OR WIFE Never Married
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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) No	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Mr. & Mrs. Wade Turner	ADDRESS Clarencem, 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 8 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bulbar Poliomyelitis		
	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.		18ND	

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) _____	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 **9-2**, 1950, to **9-5**, 1950, that I last saw the deceased alive on **9-5**, 1950, and that death occurred at **2:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Milton T. [Signature] (Degree or title)	23b. ADDRESS Kirksville Mo.	23c. DATE SIGNED Sept. 6, 1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-8-1950	24c. NAME OF CEMETERY OR CREMATORY Shelbina, IOOF	24d. LOCATION (City, town, or county) (State) Shelbina Mo.
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DATE REC'D BY LOCAL REG. 9-7-50	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE Million & Barkelew	ADDRESS Shelbina, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 1 1950

Date Received: SEP 1 1 1950
DISTRICT HEALTH OFFICE #2
District File Number 7-50-15
Date Filed: SEP 1 2 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 James L. Davis

Licensed Embalmer No. 4478

P. O. Address Shelbina, 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.