

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2038
Registrar's No. 2

FILED JAN 31 1951

BIRTH NO. _____		REG. DIST. NO. <u>272</u>		PRIMARY REG. DIST. NO. <u>44403</u>		Registrar's No. <u>2</u>			
1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missiour</u> b. COUNTY <u>Pemiscot</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Steele</u>		c. LENGTH OF STAY (in this place) <u>53 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Steele</u>		0780			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Robins</u>				d. STREET ADDRESS (If rural, give location) <u>Robins</u>					
3. NAME OF DECEASED (Type or Print) <u>St John</u>			a. (First) <u>St John</u>		b. (Middle) <u>Horace</u>		c. (Last) <u>Turner</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 14 1951</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 20 1872</u>	
9. AGE (In years last birthday) <u>78</u>		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 _____		11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George A Turner</u>			13b. MOTHER'S MAIDEN NAME <u>Christine Bobbs</u>			14. NAME OF HUSBAND OR WIFE _____			
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. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>W. R. Turner Steele Mo</u>					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Age</u> DUE TO (c) <u>Following Pneumonia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Following Pneumonia</u>						INTERVAL BETWEEN ONSET AND DEATH <u>47.3x</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				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) _____		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>Dec 26</u> , 19 <u>50</u> , to <u>Jan 9</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Jan 9</u> , 19 <u>51</u> , and that death occurred at <u>1:14</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>D. C. McLean M.D.</u>				23b. ADDRESS (Degree or title) _____		23c. DATE SIGNED <u>1-15-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/16/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Zion</u>		24d. LOCATION (City, town, or county) (State) <u>Steele Mo</u>			
DATE REC'D BY LOCAL REG. <u>1-16-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>244</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Holt Funeral Home Inc</u>		ADDRESS <u>Blytheville Ark</u>			

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

1-51-27

S. B. Beecher, M. D.,
Pemiscot County Health Department
Caruthersville, Missouri

JAN 30 1954

STATEMENT BY LICENSED EMBALMER

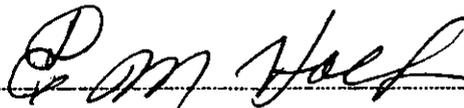
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Me

Student Embalmer No. _____

working under my personal supervision.

This body was embalmed in Arkansas

Signed _____



Signed _____
Student Embalmer

Licensed Embalmer No. Ark 665 MO 4454

P. O. Address Blytheville Ark

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.