

THE DIVISION OF HEALTH OF MISSOURI
FILED FEB 7 1951 STANDARD CERTIFICATE OF DEATH

State File No. **3527**

BIRTH NO. **6002-51** REG. DIST. NO. **340** PRIMARY REG. DIST. NO. **6152** Registrar's No. **7**

1. PLACE OF DEATH a. COUNTY Stoddard County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Liberty Twp		c. CITY (If outside corporate limits, write RURAL and give township) 1030 Rural Liberty Twp	
c. LENGTH OF STAY (By this place) 19		d. STREET ADDRESS (If rural, give location) 4 miles West of Bernie, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 Miles West of Bernie Mo.			

3. NAME OF DECEASED (Type or Print) Carolyn	a. (First)	b. (Middle)	c. (Last) Turner	4. DATE OF DEATH (Month) (Day) (Year) 1 20 51
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 1/2/1951	9. AGE (In years last birthday) Months Days Hours Min. 19
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry Turner	13b. MOTHER'S MAIDEN NAME Lucille Houchen	14. NAME OF HUSBAND OR WIFE -----
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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. None	17. INFORMANT'S SIGNATURE OR NAME Lonnie Rhoades	ADDRESS Bernie
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 19 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital debility		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		7593
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congenital Malformations			19 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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)	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. 2, 1951**, to **Jan. 20, 1951**, that I last saw the deceased alive on **Jan. 17, 1951**, and that death occurred at **7:30 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE F. O. Kelley	(Degree or title) D. O. 2, Bernie Twp	23b. ADDRESS	23c. DATE SIGNED 1-25-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/21/1951	24c. NAME OF CEMETERY OR CREMATORY Stevens Cemetery	24d. LOCATION (City, town, or county) (State) Stoddard County Missouri
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DATE REC'D BY LOCAL REG. 1-29-51	REGISTRAR'S SIGNATURE Velma V. Jenkins	409	25. FUNERAL DIRECTOR'S SIGNATURE G. Tucker	ADDRESS Bernie
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48
030

RECEIVED

FEB 6 1951

DISTRICT HEALTH OFFICE No. 6

File No.

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 _____

Body Not Embalmed

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *G. R. Tucker*

~~Funeral Director~~ *Funeral Director*

P. O. Address *Bernie*

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.