

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5976

FEB 26 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b>	c. LENGTH OF STAY (In this place) <b>70 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b> <b>1804</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>214 E. 5th</b>		d. STREET ADDRESS (If rural, give location) <b>214 E. 5th</b> <b>0</b>	

3. NAME OF DECEASED (Type or Print) <b>Imogene Katherine Turner</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 12, 1952</b>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>June 21, 1879</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>21</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>		11. BIRTHPLACE (State or foreign country) <b>Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Wilson A. Fast</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret Cooper</b>	14. NAME OF HUSBAND OR WIFE <b>Isaac</b>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ludson C. Fast, Muskogee, Okla</b>	ADDRESS <b>Muskogee, Okla</b>
---	-----------------------------------	---	-------------------------------

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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary atherosclerosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary sclerosis</b> DUE TO (c) <b>Atherosclerosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	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 **as Coroner**, to **viewed**, that I last saw the deceased alive on **10**, and that death occurred at **2:00A** m., from the causes and on the date stated above.

23. SIGNATURE <b>Chas Gordon Stauffer MD</b> (Degree or title)	23b. ADDRESS <b>Coronery Pettis Co</b>	23c. DATE SIGNED <b>2-14-52</b>
--	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2-14-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Crown Hill</b>	24d. LOCATION (City, town, or county) (State) <b>Sedalia Mo</b>
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. <b>2-14-52</b>	REGISTRAR'S SIGNATURE <b>R. P. Campbell MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>McLaughlin Bros</b>	ADDRESS <b>Sedalia</b>
---	--	---	------------------------

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

DEC 9 1939

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 *K P McOrary*

Licensed Embalmer No. *3153*

P. O. Address *Sedalia*

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.