FILED FEB 20

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7082

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 23

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Washington Twp.
c. LENGTH OF STAY (in this place): 10 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not a hospital or institution, give street address or location): State Hospital #3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Barry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Monett. R.R.#1
d. STREET ADDRESS (If rural, give location): None. 1

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): N.
c. (Last): Turner

4. DATE OF DEATH (Month) (Day) (Year): Feb. 13 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 5 1872
9. AGE (In years last birthday): 79 — If under 1 year: Months 10, Days 8 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY: Unknown.
11. BIRTHPLACE (State or foreign country): Missouri.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: James Turner
13b. MOTHER'S MAIDEN NAME: Sarah Gammon
14. NAME OF HUSBAND OR WIFE: Deceased.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: Unknown.
17. INFORMANT'S SIGNATURE OR NAME: C. E. Turner. **ADDRESS**: Monett, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis. — INTERVAL BETWEEN ONSET AND DEATH: Unknown.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Senility.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: 4-222
20. AUTOPSY? YES ☐ NO ☑

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 13 –, 1952, *to* Feb 13, 1952, *that I last saw the deceased alive on* Feb. 13, 1952, *and that death occurred at* 6 30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George M. Butler, M.D.
23b. ADDRESS: State Hosp. #3, Nevada, Mo.
23c. DATE SIGNED: 2/13/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Feb. 14 52
24c. NAME OF CEMETERY OR CREMATORY: Unknown
24d. LOCATION (City, town, or county) (State): Mount Vernon, Missouri

DATE REC'D BY LOCAL REG.: 9-19-52
REGISTRAR'S SIGNATURE: Anna E. Ferris 451
25. FUNERAL DIRECTOR'S SIGNATURE: Hemon Holmes **ADDRESS**: Mount Vernon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 F. D. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett 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.