

FILED APR 15 1952

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 9273  
 Registrar's No. 93

BIRTH NO. _____		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 348		State File No. 9273		Registrar's No. 93		
1. PLACE OF DEATH a. COUNTY <b>NODAWAY</b>					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>NODAWAY</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MARYVILLE</b>			c. LENGTH OF STAY (In this place) <b>2 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hopkins</b>			1740		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST FRANCES HOSPITAL</b>					d. STREET ADDRESS (If rural, give location) <b>0</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>DORIS</b>			b. (Middle) <b>Louise</b>		c. (Last) <b>TURNER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Apr. 5-1952</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>Apr. 21-1930</b>		9. AGE (In years last birthday) <b>21</b> If under 1 year: Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Maryville Mo</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Wm H. HINTON</b>			13b. MOTHER'S MAIDEN NAME <b>Helen Strong</b>			14. NAME OF HUSBAND OR WIFE <b>William Allen Turner</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>William Allen Turner - Hopkins, Mo</b>				ADDRESS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Toxaemia of pregnancy</b>  ANTECEDENT CAUSES <b>Circulatory Collapse</b> 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.						INTERVAL BETWEEN ONSET AND DEATH <b>27 mo few minutes</b>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>6425</b>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		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 <b>10/1</b> , 19 <b>52</b> , to <b>4/5</b> , 19 <b>52</b> and that I last saw the deceased alive on <b>4/5, 1952</b> , and that death occurred at <b>7:40 P.M.</b> , from the causes and on the date stated above.										
23a. SIGNATURE <i>[Signature]</i>					23b. ADDRESS <b>Hopkins</b>			23c. DATE SIGNED <b>4/6/52</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>Apr. 8-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Hopkins</b>			24d. LOCATION (City, town, or county) (State) <b>Hopkins Mo</b>			
DATE REC'D BY LOCAL REG. <b>4-12-52</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i>			25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>			ADDRESS <b>Hopkins, Mo</b>		

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

MAR 13 1956

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.....

*myself*

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Stanley Swanson*

Licensed Embalmer No. *3963*

P. O. Address. *Hopkins, 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.