

MAY 27 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17456
State File No.

BIRTH NO. REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 158

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| 1. PLACE OF DEATH a. COUNTY <u>Pettis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Town Sedalia</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Town Sedalia</u> <u>0804</u> | |
| c. LENGTH OF STAY (In this place) <u>1 yr</u> | | d. STREET ADDRESS (If rural, give location) <u>900 S. Missouri</u> <u>0</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>900 S. Missouri</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Parilee</u> | b. (Middle) | c. (Last) <u>Turner</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 17, 1952</u> |
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|-------------------------|----------------------------------|---|--|--|---|--|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>✓</u> | 8. DATE OF BIRTH <u>Nov. 20, 1872</u> | 9. AGE (In years last birthday) <u>79</u> | IF UNDER 1 YEAR Months <u>5</u> Days <u>17</u> | IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | 11. BIRTHPLACE (State or foreign country) <u>Marshall Co. Kentucky</u> <u>✓</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Samuel P. Plumlee</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Jane Washam</u> | 14. NAME OF HUSBAND OR WIFE <u>Vester Turner</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u> <u>None</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Myrtle Mae Wilson, Sedalia, Mo.</u> | ADDRESS <u>Sedalia, Mo.</u> |
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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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>2 da</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>uraemia</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Nephritis, Chr. Parenchymatous</u> DUE TO (c) <u>Hypertension & Myocarditis</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>443X</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) |
| 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 April 22, 1952 to May 17, 1952, that I last saw the deceased alive on May 17, 1952, and that death occurred at 7:00 P m., from the causes and on the date stated above.

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|---|-------------------|-----------------------------------|------------------------------------|
| 23a. SIGNATURE <u>W. Walter M.D.</u> | (Degree or title) | 23b. ADDRESS <u>Sedalia Mo</u> | 23c. DATE SIGNED <u>5-18-52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>5/18/52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Maplewood Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Mayfield Kentucky</u> |
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| DATE REC'D BY LOCAL REG. <u>5/19/52</u> | REGISTRAR'S SIGNATURE <u>Walter M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter M.D.</u> | ADDRESS <u>Sedalia, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *Russell Ewing*.....

Signed.....

Student Embalmer

Licensed Embalmer No. *3847*.....

P. O. Address *Delaware 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.