.S. No. 300
EV. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Marcus

State File No. 34726

NOV 3 1952

BIRTH NO. 67966 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 958

0396

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (In this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CITY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SPRINGFIELD
d. STREET ADDRESS (If rural, give location): 1822 W. LEE

3. NAME OF DECEASED (Type or Print)
a. (First): INFANT SON OF MR. MRS. CHARLES
b. (Middle):
c. (Last): TURNER

4. DATE OF DEATH (Month) (Day) (Year): OCT. 25, 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: OCT. 25, 1952
9. AGE (In years last birthday): ——— IF UNDER 1 YEAR: Months ——— Days ——— IF UNDER 24 HRS.: Hours 3 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INFANT
10b. KIND OF BUSINESS OR INDUSTRY: ———
11. BIRTHPLACE (City and State or Foreign Country): SPRINGFIELD, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: CHARLES TURNER
13b. MOTHER'S MAIDEN NAME: ELIZABETH DAVIS
14. NAME OF HUSBAND OR WIFE: X

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: NO
17. INFORMANT'S SIGNATURE OR NAME: CHARLES TURNER
ADDRESS: SPRINGFIELD, 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) Immaturity — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 776 X
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* Oct. 25, 19 52, *to* Oct. 25, 19 52, *that I last saw the deceased alive on* Oct. 25, 19 52, *and that death occurred at* 5 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE Edward Marcus (Degree or title) MD
23b. ADDRESS Woodruff Bldg
23c. DATE SIGNED 10/28/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 10/26/52
24c. NAME OF CEMETERY OR CREMATORY: GREENLAWN CEMETERY
24d. LOCATION (City, town, or county) (State): SPRINGFIELD, MO.

DATE REC'D BY LOCAL REG.: 10-29-52
REGISTRAR'S SIGNATURE: Edith Williamson Deputy Registrar
25. FUNERAL DIRECTOR'S SIGNATURE: H.H. LOHMEYER
ADDRESS: SPRINGFIELD, MISSOURI

(Licensed Embalmer's Statement on Reverse Side)

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 ..... Signed.....

Student Embalmer

NOT EMBALMED

Licensed Embalmer No.....

P. O. Address.....

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.