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

FILED DEC 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39313

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 171-174 PRIMARY REG. DIST. NO. 3-035 Registrar's No. 115

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Mayview</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Mayview</u> <u>Mo 0540</u>	
c. LENGTH OF STAY (in this place) <u>62 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>2 blocks off main st. on Hwy 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Found dead in home</u>			

3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>Wilburn</u> c. (Last) <u>TURNER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 1952</u>		
5. SEX <u>Male</u> 6. COLOR OR RACE <u>Colored</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married 1</u>					
8. DATE OF BIRTH <u>Sept 13-1890</u>		9. AGE (In years last birthday) <u>62</u>		10. IF UNDER 1 YEAR Months <u>2</u> Days <u>19</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Section Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (State or foreign country) <u>Dover Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>James Turner</u>		13b. MOTHER'S MAIDEN NAME <u>Lutie Jackson</u>		14. NAME OF HUSBAND OR WIFE <u>Ethel Turner</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>709-12-1353</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ethel M Turner</u> ADDRESS <u>Mayview Mo.</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute alcoholism @ Coronary Occlusion</u> ANTECEDENT CAUSES <u>Occlusion</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Taken home by members of the family at 8 PM 12-1-52 in view of</u> DUE TO (c) <u>interstitial conduction</u> II. OTHER SIGNIFICANT CONDITIONS <u>Found dead at 12:30 PM 12-2-52</u> Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>No operation</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>0</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT <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 death to 12-2, 1952, that I last saw the deceased alive on 12-1, 1952, and the death occurred at 12:30 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>W. M. ...</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Odesse Mo</u>		23c. DATE SIGNED <u>12-2-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12/7/52</u>		24c. NAME OF CEMETERY OR CREMATOR <u>Mt. Hebron</u>		24d. LOCATION (City, town, or county) (State) <u>Lafayette County Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>12-6-52</u>		REGISTRAR'S SIGNATURE <u>Wm. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>George H. ...</u> ADDRESS <u>Marshall Mo.</u>	
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DEC 17 1952

DEC 9 1952

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

George H. Green

Signed.....
Student Embalmer

Licensed Embalmer No. 4220

P. O. Address *Marshall, Missouri*

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.