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FILED MAR 3 - 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5649**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 4229 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <b>Howard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Howard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>New Franklin</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>New Franklin</b> <u>0450</u>	
c. LENGTH OF STAY (In days) <b>11 years</b>		d. STREET ADDRESS (If rural, give location) <b>310 West Broadway.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>At home, 310 West Broadway</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Emil</b>	b. (Middle) <b>L.</b>	c. (Last) <b>Turner</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>January 5 1953</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 3" 1888</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad office</b>	11. BIRTHPLACE (State or foreign country) <b>Cooper County, Missouri</b>	12. CITIZENSHIP OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>J. L. Turner</b>	13b. MOTHER'S MAIDEN NAME <b>Libely Parrish</b>	14. NAME OF HUSBAND OR WIFE <b>Leona Harris Turner.</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, never unknown) <b>No</b>	16. SOCIAL SECURITY NUMBER (If yes, give war or dates of service) <b>495-05-8984</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Leona Turner, New Franklin, Mo.</b>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		<b>2 weeks</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cardiac hypertrophy</b>		<b>6 m</b>
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 <b>4201</b>	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)
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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?
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22. I hereby certify that I attended the deceased from Dec 20, 1952, to Jan 5, 1953, that I last saw the deceased alive on Jan 3, 1953, and that death occurred at 4A m., from the causes and on the date stated above.

23a. SIGNATURE (Type or Print) <b>M. B. Shell</b>	23b. ADDRESS <b>Fayette Mo</b>	23c. DATE SIGNED <b>1/15/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan. 7" 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Masonic</b>	24d. LOCATION (City, town, or county) (State) <b>Bunceton, Missouri.</b>
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DATE REC'D BY LOCAL REG. <b>Jan. 20 53</b>	REGISTRAR'S SIGNATURE <b>Mary K. Shell</b> <u>436</u>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Goodman &amp; Boller, Boonville, Mo.</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 6 1953

MAR 3 1953

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 G. F. Boller

Licensed Embalmer No. 3067

P. O. Address Boonville, 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.