

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15003**

FILED MAY 9 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar No. **174**

1. PLACE OF DEATH a. COUNTY <b>MARION</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO</b> b. COUNTY <b>MARION</b>	
b. CITY OR TOWN <b>HANNIBAL</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>HANNIBAL 0644</b>	
c. LENGTH OF STAY (in this place) <b>5 WKS</b>		d. STREET ADDRESS (If rural, give location) <b>4031 SUNSET DR</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4031 SUNSET DR.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b> b. (Middle) <b>COWGILL</b> c. (Last) <b>TURNER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4-10-1953</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>FEB 26, 1862</b>	9. AGE (In years last birthday) <b>91</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>CANTON, MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>

13a. FATHER'S NAME <b>Wm. TURNER</b>	13b. MOTHER'S MAIDEN NAME <b>MARY COWGILL</b>	14. NAME OF HUSBAND OR WIFE <b>SARAH E. TURNER</b>
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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.	17. INFORMANT'S SIGNATURE OR NAME <b>Roy Fisher - Hannibal, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis (myocardial degeneration)</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>
	ANCECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pyelitis and cystitis</b>		<b>5 years</b>
	DUE TO (c) <b>Hypertrophy of the prostate</b>		<b>10 years</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>610X</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)	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 **April 1, 1953**, to **April 10, 1953**, that I last saw the deceased alive on **April 10, 1953**, and that death occurred at **12:08 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>E.O. Porter Esq. M.D.</b>	(Deputy title)	23b. ADDRESS <b>412 Center St Hannibal, Mo</b>	23c. DATE SIGNED <b>4/12/53</b>
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24a. BURIAL CREMATION REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>4-12-1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>EWING CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>EWING, MO</b>
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DATE REC'D BY LOCAL REG. <b>5-4-53</b>	REGISTRAR'S SIGNATURE <b>Dr. E.M. Lucke</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Ralph Clark</b>	ADDRESS <b>Hannibal, Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

0644  
1

S. Ab. 300  
v. 10.48

RECEIVED  
MAY 7 1953  
MARION CO. HEALTH DEPT.  
DATE FILED  
MAY 7 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

*Ralph Clark*

Licensed Embalmer No. *4217*

P. O. Address *Hamlet, N.C.*

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.