

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17268

State File No.

FILED JUN 8 1953

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 4067 Registrar's No. 207

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

1. PLACE OF DEATH a. COUNTY <u>CALLAWAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> ; b. COUNTY <u>CALLAWAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>AUXVASSE</u>		c. LENGTH OF STAY (In this place) <u>LIFE</u>	c. CITY OR TOWN <u>AUXVASSE</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>AUXVASSE, MO</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>0140 A</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>SAMUEL</u> b. (Middle) <u>MARTIN</u> c. (Last) <u>TURNER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 30, 1953</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Dec. 9, 1863</u>	9. AGE (In years) (Specify birthday) <u>89</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Book Keeper</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Boone Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Squire Turner</u>	13b. MOTHER'S MAIDEN NAME <u>MARTHA MARTIN</u>	14. NAME OF HUSBAND OR WIFE <u>LAURA TURNER</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>DK.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS S.M. TURNER</u> ADDRESS <u>Auxvasse, 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		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Senility</u> 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 <u>4500</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)	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 1940, 19 , to May 30, 1953 that I last saw the deceased alive on May 30, 1953, and that death occurred at 9:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>2</u>	23b. ADDRESS <u>Auxvasse Mo</u>	23c. DATE SIGNED <u>June 1, 53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JUNE 2, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>AUXVASSE</u>
DATE REC'D BY LOCAL REG. <u>June 6, 1953</u>		24d. LOCATION (City, town, or county) (State) <u>Auxvasse, MO.</u>
REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> <u>424</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>MAPIN FUNERAL HOME</u> ADDRESS <u>Auxvasse, MO</u>

(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.....
Signature of Student Embalmer

Signed *Glen Y. Manspin*.....

Licensed Embalmer No. *2729*.....

P. O. Address *Fulton, N.Y.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.