

STANDARD CERTIFICATE OF DEATH

State File No. **22310**

FILED JUL 8 - 1953

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4266 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) Granby		c. CITY (If outside corporate limits, write RURAL and give township) Granby	
c. LENGTH OF STAY (in this place) 6 yrs.		d. STREET ADDRESS (If rural, give location) Granby, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home			

3. NAME OF DECEASED (Type or Print) Margaret Ethel Turner			4. DATE OF DEATH (Month) (Day) (Year) June 20 1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 16 1881		
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9b. KIND OF BUSINESS OR INDUSTRY Own Home Housewife	11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Marion Nutting		13b. MOTHER'S MAIDEN NAME ?		14. NAME OF HUSBAND OR WIFE Lysle Joseph E. Turner (Dee)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Kenneth Turner Monett, Missouri	

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) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH
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 331X		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) (Min.)		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 7-26, 1952, to June 20, 1953, that I last saw the deceased alive on June 15, 1953, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]		23b. ADDRESS Neosho Mo		23c. DATE SIGNED June 23, 53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-22-53		24c. NAME OF CEMETERY OR CREMATORY Jones Chapel Cem	
		24d. LOCATION (City, town, or county) (State) 5 Mi. N. Stella, Mo.			

DATE REC'D BY LOCAL REG. June 24, 1953		REGISTRAR'S SIGNATURE M. B. Young		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. Morris Pope Wheaton, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

3 0

0.300
0.48

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____
District File Number 753-130
Date Filed 7-7-53

NEOSHO, MISSOURI

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

James Kenneth Duncan

Licensed Embalmer No. 4767

P. O. Address Wheator 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.