No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29242

State File No.

FILED AUG 25 1953

BIRTH NO. REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 575

1. PLACE OF DEATH
a. COUNTY: Linn
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marceline
c. LENGTH OF STAY (in this place): 3 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Linn
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Linneus 0580
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): RALPH
b. (Middle): B.
c. (Last): TURNER

4. DATE OF DEATH (Month) (Day) (Year): 8-21-53

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10-20-1876
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 8, Days 1; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Hardware
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Thomas N. Turner
13b. MOTHER'S MAIDEN NAME: Susan R. Lile
14. NAME OF HUSBAND OR WIFE: Cora Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 480-01-4108
17. INFORMANT'S SIGNATURE OR NAME: Cora Turner, Linneus, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Coronary Sclerosis
DUE TO (c): Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
4201
20. AUTOPSY? YES ☑ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 30, 1953 *to* 8-21, 1953 *that I last saw the deceased alive on* 8-20, 1953 *and that death occurred at* 6:00 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert W. Jones (Degree or title) M.D.
23b. ADDRESS: Marceline, Mo.
23c. DATE SIGNED: 8-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-23-53
24c. NAME OF CEMETERY OR CREMATORY: Helton Cemetery
24d. LOCATION (City, town, or county) (State): Goldberry, Mo.

DATE REC'D BY LOCAL REG.: 8-21-53
REGISTRAR'S SIGNATURE: Mary Jane Owens 401-0
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: J. R. Brothers, Linneus, Mo.

(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 .....
Student Embalmer

Signed C W R Wright

Licensed Embalmer No. 4655

P. O. Address Laclede, 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.