

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32047**
4574

FILED OCT 15 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 30yrs.		e. STREET ADDRESS (If rural, give location) 2728 Gillham Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2728 Gillham Road			

3. NAME OF DECEASED (Type or Print) a. (First) Samuel b. (Middle) Yancy c. (Last) Turner			4. DATE OF DEATH (Month) (Day) (Year) Sept. 18, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 17, 1882	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Switchman		10b. KIND OF BUSINESS OR INDUSTRY Wabash Railroad	11. BIRTHPLACE (City and State or Foreign Country) Salisbury, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joseph Turner		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE Christine M. Turner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Christine M. Turner ADDRESS 2728 Gillham Road	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the direct cause or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) _____			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4200	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) Natural		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **11:50 Am.**, from the causes and on the date stated above.

23. SIGNATURE Hugh H. Owens (Degree or title) 3			23b. ADDRESS 1034 Piatt Bldg		23c. DATE SIGNED 9-18-53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE SEPT. 21, 1953		24c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY	
				24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 9-21-53		REGISTRAR'S SIGNATURE Seraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE W.H. Newcomer Sons ADDRESS 1931 BRUSH CREEK KANSAS CITY, Mo.	

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

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 Charles W. Bergman

Licensed Embalmer No. 4932

P. O. Address Kansas City 19, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

The Division of Health of Missouri
BUREAU OF VITAL STATISTICS

State File No. 32097

State of Missouri
County of Jackson } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 4574

On this 3rd day of November, 1953, before me appears Christine M. Turner, who, upon her oath, states that the original record of ^{birth} death for Samuel Yancy Turner, ^{died} ~~born~~ September 18, 1953, in the State of Missouri, and which was filed at Kansas City on 9-21, 1953 should be corrected as follows:

Item No. 14 should read Christine M. Turner
Instead of Christine Ann M. Turner

Item No. 17 should read Christine M. Turner
Instead of Christine Ann M. Turner

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Christine M. Turner wife
Relationship.

2728, Hickman Road K.C. Mo
Present Address.

Subscribed and sworn to before me this 3rd day of November, 1953

My Commission expires August 24, 1956 Bessie W. Smith Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

