No. 300
10-48

FILED DEC 14 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39381

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 455

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

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Independence
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sanitarium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: TENNESSEE
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dowelltown
d. STREET ADDRESS (If rural, give location): 8 H 0 8

3. NAME OF DECEASED (Type or Print)
a. (First): Nannie
b. (Middle): C
c. (Last): Turner

4. DATE OF DEATH (Month) (Day) (Year): Dec. 1, 1953

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Jan. 9, 1879
9. AGE (In years last birthday): 74 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: self employed
11. BIRTHPLACE (City and State or Foreign Country): Smithville, Tenn.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Daniel Webb
13b. MOTHER'S MAIDEN NAME: unown Richman
14. NAME OF HUSBAND OR WIFE: J. H. Turner (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mr. Dan Turner, RR 3, Independence, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis Posterior - 2nd one — INTERVAL BETWEEN ONSET AND DEATH: 24 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Sclerosis — 2 years
DUE TO (c) General arteriosclerosis — 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Diabetes Mellitus — 5 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: No operation 4201
20. AUTOPSY? YES [X] 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* Sept 20, 1949 *to* Dec 1st, 1953, *that I last saw the deceased alive on* Dec 1, 1953, *and that death occurred at* 9:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. H. Allen M.D.
23b. ADDRESS: Independence, Mo.
23c. DATE SIGNED: 12-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 12/2/53
24c. NAME OF CEMETERY OR CREMATORY: unknown
24d. LOCATION (City, town, or county) (State): Dowelltown, Tenn.

DATE REC'D BY LOCAL REG.: 12-2-53
REGISTRAR'S SIGNATURE: [signature] 3 Sep
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Geo C. Carson, Independence, 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 La Vega C Brown

Licensed Embalmer No. 4794

P. O. Address Indep 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.