

FILED JUN 10 1954

## STANDARD CERTIFICATE OF DEATH

4320 State File No. 16637

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>5961</u>		Registrar's No. <u>20</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>MARION</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PALMYRA</u>		c. LENGTH OF STAY (In this place) <u>1 yr.</u>		a. STATE <u>MO.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MAPLE LAWN REST HOME</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PALMYRA</u>		d. STREET ADDRESS (If rural, give location) <u>R.R.</u>		b. COUNTY <u>MARION</u>	
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>EDWARD</u>	b. (Middle) <u>LEE</u>	c. (Last) <u>TURNER</u>	(Month) <u>5</u>	(Day) <u>22</u>	(Year) <u>1954</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>12-15-1869</u>		9. AGE (In years last birthday) <u>84</u>	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) <u>PROPRIETOR OF GROC. STORE. (RETIRED)</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>MARION COUNTY, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>REUBEN TURNER</u>		13b. MOTHER'S MAIDEN NAME <u>ELLEN ROBBINS</u>		14. NAME OF HUSBAND OR WIFE <u>MABLE STEFFEY</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Edward Turner - Hamilton - Mo.</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Arterio Sclerosis</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 _____				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? <u>331 X</u>			
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 _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Ed M. Luedke, M.D., Reg.</u>				23b. ADDRESS <u>910 Broadway, Hamilton</u>		23c. DATE SIGNED <u>5-25-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 24, 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVET CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>HANNIBAL, MO.</u>		
DATE REC'D BY LOCAL REG. <u>5/29/54</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Luedke</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Ralph Clark</u>		ADDRESS <u>Hannibal, Mo.</u>	

189-0

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.4840  
4

RECEIVED JUN 8 1954  
MARION CO. HEALTH DEPT.  
DATE FILED JUN 8 1954

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 Ralph A. Lark

Licensed Embalmer No. 4217

P. O. Address Hamlet, N.C.

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.