

FILED JUL 9 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19674

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 191

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>	c. LENGTH OF STAY (in this place) <u>6/16/54</u>	c. CITY OR TOWN <u>Hannibal</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>242 Virginia</u>	

3. NAME OF DECEASED (Type or Print) <u>Eva Catherine Turner</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>June 20, 1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>January 10, 1862</u>	9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>10</u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>XX</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Marion County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S B</u>	

13a. FATHER'S NAME <u>Wm. Francis Brown</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Baxter</u>	14. NAME OF HUSB/ND OR WIFE <u>Samuel H. Turner (deceased)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>XX</u>	16. SOCIAL SECURITY NO. <u>XX</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. T.C. Robinson</u>	ADDRESS <u>Hannibal Missouri</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u> <u>20 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</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 <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 6-16, 1954, to 6-20, 1954, that I last saw the deceased alive on 6-20, 1954 and that death occurred at 8:00 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Just a Leaty M.D.</u>	(Degree or title)	23b. ADDRESS <u>Hannibal Mo</u>	23c. DATE SIGNED <u>6-22-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 22 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bear Creek</u>	24d. LOCATION (City, town, or county) (State) <u>Marion County Missouri</u>
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DATE REC'D BY LOCAL REG. <u>7/1/54</u>	REGISTRAR'S SIGNATURE <u>D. M. Fisher</u>	FEDERAL DIRECTOR'S SIGNATURE <u>H. C. ...</u>	ADDRESS <u>Hannibal Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 7
MARION CO. HEALTH DEPT.
DATE FILED 7

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 *H. Crawford Smith*

Licensed Embalmer No....3814.

P. O. Address Hannibal, Missou

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.