

No. 300  
10.48

FILED JUN 17 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 180 PRIMARY REG. DIST. NO. 4423 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Weston, Weston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Weston</u>	
c. LENGTH OF STAY in this place <u>83 years</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>0830</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Basil</u>	b. (Middle) <u>Duke</u>	c. (Last) <u>Turner</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 10-54</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct. 15, 1880</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months	IF UNDER 48 HRS. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u>		11. BIRTHPLACE (State or foreign country) <u>Scott Co. Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>/</u>	

13a. FATHER'S NAME <u>James W. Turner</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Jane Robinson</u>	14. NAME OF HUSBAND OR WIFE <u>Viola Thompson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>496-01-8346</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Viola Turner</u> ADDRESS <u>Weston, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 HOUR</u>  <u>9 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ANGINA PECTORIS</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CORONARY OCCLUSION</u> DUE TO (c) <u>HYPERTENSION</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>XXXXXXXXXX</u>		

19a. DATE OF OPERATION <u>NONE</u>	19b. MAJOR FINDINGS OF OPERATION <u>XXXXXX</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>XXXXXXXX</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>XXXXXXXX</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>WESTON MISSOURI</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>XXXXXXXX</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>XXXXXXXX</u>
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22. I hereby certify that I attended the deceased from Oct. 15, 1952, to June 10, 1954, that I last saw the deceased alive on June 1, 1954, and that death occurred at 8 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Lewis C. Cochran M.D.</u>	23b. ADDRESS <u>WESTON MISSOURI</u>	23c. DATE SIGNED <u>6/12/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-13-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Weston, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>June 14-54</u>	REGISTRAR'S SIGNATURE <u>Alpha Rollins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Vaughn Funeral Home</u> ADDRESS <u>Weston, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0820



**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

*W. P. Vaughn*

Licensed Embalmer No. *4023*

P. O. Address *Weston, 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.