

FILED AUG 9 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22361**

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **293**

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

1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY (If outside corporate limits, write RURAL and give town) CAPE GIRARDEAU		c. CITY (If outside corporate limits, write RURAL and give township) CHAFFEE	
c. LENGTH OF STAY (in this place) 3 days		d. STREET ADDRESS (If rural, give location) 230 Heeb St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. FRANCIS HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) HOMER	b. (Middle) ALFRED	c. (Last) TURNER	4. DATE OF DEATH (Month) (Day) (Year) Aug. 3, 1954
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 27, 1899	9. AGE (In years, last birthday) 55	10. UNDER 1 YEAR 6 Months	11. UNDER 1 HR. 6 Hours	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SUPERINTENDANT	10b. KIND OF BUSINESS OR INDUSTRY SHOE FACTORY	11. BIRTHPLACE (State or foreign country) BROOKFIELD, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME FRED TURNER	13b. MOTHER'S MAIDEN NAME IRENE TOREY	14. NAME OF HUSBAND OR WIFE MARGARETE TURNER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	16. SOCIAL SECURITY NO. 331-09-4238	17. INFORMANT'S SIGNATURE OR NAME MRS. H.A. TURNER-CHAFFEE, Mo.	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 7 days
	ANTECEDENT CAUSES Morbidity 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. Inactive pulmonary tbc.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 4201A YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT, SUICIDE, REMOVAL (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) (Min.)	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 **7-31-** 1954, to **8-3-** 1954, that I last saw the deceased alive on **8-3-** 1954, and that death occurred at **3:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles F. Wilson M.D.	23b. ADDRESS 714 Broadway Cape Gir. Mo.	23c. DATE SIGNED 8-4-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 8-5-1954	24c. NAME OF CEMETERY OR CREMATORY DODGE GROVE CEMETERY	24d. LOCATION (City, town, or county) (State) MATTOON, Illinois
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DATE REC'D BY LOCAL REG. 8-4-54	REGISTRAR'S SIGNATURE T. C. Summers	44-0	25. FUNERAL DIRECTOR'S SIGNATURE L. C. Bisplinghoff	ADDRESS CHAFFEE, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

AUG 18 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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Jack J. Burnett

Signed.....
Student Embalmer

Licensed Embalmer No. 4473

P. O. Address C. Ralfee, Missouri

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.