No. 300
10.48

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

FILED JUN 3 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15809

State File No.

BIRTH NO. REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 75

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webb City, Mo.
c. LENGTH OF STAY (In this place): 43 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 622 N. Madison St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN: Webb City, Mo
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
STREET ADDRESS (If rural, give location): 622 N. Madison St.

04 92 0

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): EDWARD (ED)
c. (Last): TURNER

4. DATE OF DEATH (Month) (Day) (Year): May 20 1955

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 5 1873
9. AGE (In years last birthday): 82 — 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): Groceryman
10b. KIND OF BUSINESS OR INDUSTRY: Grocery
11. BIRTHPLACE (City and State or Foreign Country): Green Co. Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: R.H. Turner
13b. MOTHER'S MAIDEN NAME: Caroline Wade
14. NAME OF HUSBAND OR WIFE: Minnie Turner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 509-09-2355
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Minnie Turner — ADDRESS: Webb City 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

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Gastric Hemorrhage (24 Hrs.)
DUE TO (c) Gastric Malignancy

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Chronic Nephritis, Hypertension

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 151 X
20. AUTOPSY? YES [ ] NO [X]

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* 1-1- 19 54, *to* 5-20- 19 55, *that I last saw the deceased alive on* 5-20- 19 55, *and that death occurred at* 5:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. W. Forbus, D.O.
23b. ADDRESS: 106 S. Main St. Webb City, Mo.
23c. DATE SIGNED: 5-20-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 23, 1955
24c. NAME OF CEMETERY OR CREMATORY: Mount Hope Cemetery
24d. LOCATION (City, town, or county) (State): Webb City, Mo.

DATE REC'D BY LOCAL REG.: 5-23-55
REGISTRAR'S SIGNATURE: Mrs. Madeline Sintzer
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Johnston-Arnce-Simpson Mortuary Webb City Mo.

(Licensed Embalmer's Statement on Reverse Side)

County ...
Date Filed MAY 31 1969

VS JUN 10 1969

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Harvey E. Amee

Licensed Embalmer No. 446

P. O. Address Webb City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.