No. 300
10-48

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

FILED JUL 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21258

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 700

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 3
c. LENGTH OF STAY (in this place): 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. Mo. Methodist Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan 0117
c. CITY OR TOWN: St. Joseph
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐ 0
e. STREET ADDRESS (If rural, give location): 514 South 19th Street

3. NAME OF DECEASED (Type or Print)
a. (First): Luther
b. (Middle): William
c. (Last): Turner

4. DATE OF DEATH (Month) (Day) (Year): July 8 1955

5. SEX: Male 2
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 7
8. DATE OF BIRTH: Jan. 26 1925
9. AGE (In years last birthday): 30 — 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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Tire Co.
11. BIRTHPLACE (City and State or Foreign Country): St. Joseph, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Roy Turner
13b. MOTHER'S MAIDEN NAME: Willa Marshall
14. NAME OF HUSBAND OR WIFE: Edna Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W. W. II
16. SOCIAL SECURITY NO.: 488-22-8624
17. INFORMANT'S SIGNATURE OR NAME: Mr. A. Roy Turner — ADDRESS: 212 S. 22-St. Jos

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 St. Joseph, Mo.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) External and internal Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Stab wound in left Chest
DUE TO (c) Penetrating the left Ventricle of the heart. E982X

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: man D.O.A. at Hospital
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Joseph Buchanan Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 8-1955 2:45 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: man stabbed by another person

22. I hereby certify that I ~~attended~~ saw the deceased from On 7/8, 1955, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:00 A m., from the causes and on the date stated above.

23a. SIGNATURE: H F Mundy (Degree or title): Coroner & M.D.
23b. ADDRESS: St Joseph Mo
23c. DATE SIGNED: 7/8/55.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 11-'55
24c. NAME OF CEMETERY OR CREMATORY: Ashland Cemetery
24d. LOCATION (City, town, or county) (State): St. Joseph, Mo.

DATE REC'D BY LOCAL REG.: July 14, 1955
REGISTRAR'S SIGNATURE: Esther M. Allison 485
25. FUNERAL DIRECTOR'S SIGNATURE: Wm. H. Alexander — ADDRESS: St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.....Wm. H. Alexand

Licensed Embalmer No. 44.

P. O. Address St. Joseph

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.