

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
State File No. **25790**

FILED SEP 6 1955

BIRTH NO. _____		REG. DIST. NO. 120	PRIMARY REG. DIST. NO. 4198	Registrar's No. 93
1. PLACE OF DEATH a. COUNTY GENTRY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Nodaway		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN King City, Mo		c. CITY OR TOWN BARNARD	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 48 hrs.		e. STREET ADDRESS (If rural, give location) King City, Mo		
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES OSTEO. HOSPITAL		0740		
3. NAME OF DECEASED (Type or Print) a. (First) OPAL		b. (Middle) MAE	4. DATE OF DEATH (Month) (Day) (Year) 8-28-55	
c. (Last) TURNER				
5. SEX fe	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 3-29-98	9. AGE (In years last birthday) 57
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) BARNARD, Mo	
13a. FATHER'S NAME L. J. DAVIDSON		13b. MOTHER'S MAIDEN NAME Nancy Waugh	14. NAME OF HUSBAND OR WIFE L. A. TURNER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME L. A. Turner ADDRESS Barnard, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY EFFUSION (PLURAL) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) VIRAL PNEUMONIA DUE TO (c) RESPIRATORY FAILURE II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE		INTERVAL BETWEEN ONSET AND DEATH 8 wks.
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION NOT OPERATED		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from 8-26 , 19 55 , to 8-28 , 19 55 , that I last saw the deceased alive on 8-28-55 , 19____, and that death occurred at 1:20 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE Dr. John T. Harrison DO		23b. ADDRESS King City, Mo.		23c. DATE SIGNED 8-28-55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8-30-1955	24c. NAME OF CEMETERY OR CREMATORY Barnard Cem	24d. LOCATION (City, town, or county) (State) Barnard Mo.
DATE REC'D BY LOCAL REG. Aug 30 - 1955		REGISTRAR'S SIGNATURE Maurele Williams	25. FUNERAL DIRECTOR'S SIGNATURE W. M. Johnson ADDRESS Maryville Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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, *G. M. Cletcher*.....

Licensed Embalmer No. *227*.....

P. O. Address *Albany*.....

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