

FILED NOV 2 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **34308**

BIRTH NO.		REG. DIST. NO. <b>275</b>		PRIMARY REG. DIST. NO. <b>3053</b>		Registrar's No. <b>191</b>			
1. PLACE OF DEATH a. COUNTY <b>Phelps</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b>					
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rolla</b>		c. LENGTH OF STAY (In this place) <b>8 years</b>		c. CITY OR TOWN <b>Rolla</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1013 Highway #72</b>				STREET ADDRESS (If rural, give location) <b>1013 Highway 72</b>					
3. NAME OF DECEASED (Type or Print)		a. (First) <b>LA VERNA</b>		b. (Middle) <b>ROSS</b>		c. (Last) <b>TURNER</b>			
				4. DATE OF DEATH		(Month) (Day) (Year) <b>October 25, 1955</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>August 1, 1892</b>			
				9. AGE (In years last birthday) <b>63</b>		IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Jesup, Iowa</b>			
				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>					
13a. FATHER'S NAME <b>Joseph E. Ross</b>			13b. MOTHER'S MAIDEN NAME <b>Bessie ?</b>			14. NAME OF HUSBAND OR WIFE <b>Cecil A. Turner</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Cecil A. Turner</b>		ADDRESS <b>Rolla, Mo.</b>			
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				INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b>	
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>coronary occlusion</b>					
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>A301</b>					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>hypertension</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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 <b>past 50 yrs</b> , to <b>10-25</b> , 1955, that I last saw the deceased alive on <b>10-25</b> , 1955, and that death occurred at <b>5 A.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>E. E. Feind M.D.</b>				(Degree or title)		23b. ADDRESS <b>Rolla mo.</b>		23c. DATE SIGNED <b>10-26-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Oct. 27, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Jesup Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Jesup, Iowa</b>			
DATE REC'D BY LOCAL REG. <b>Oct. 26, 1955</b>		REGISTRAR'S SIGNATURE <b>Nadine L. Steele</b>		380		25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul E. Null</b>		ADDRESS <b>Rolla, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Phelps County Health Officer,

County File Number 253

Date Filed NOV 1 1935

NOV 3 1935

NOV 3 1935

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..... *Paul E. New*

Licensed Embalmer No... 44

P. O. Address... *Rolla,*

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