Dr. Lucke,

FILED APR 9 - 1956

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 9828

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5761 Registrar's No. 10

**1. PLACE OF DEATH**
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Palmyra
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maplelawn Rest Home

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN: Hannibal
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 1913 Hope St., 0641

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

**4. DATE OF DEATH** (Month) (Day) (Year): 3-25-56

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: 9/23/1873
**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): Farmer (Retired)
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (City and State or Foreign Country): Ralls County, Mo.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A

**13a. FATHER'S NAME**: James A. Turner
**13b. MOTHER'S MAIDEN NAME**: Mary Senett
**14. NAME OF HUSBAND OR WIFE**: Serrelda 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.**:
**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: Cecil Turner, Hannibal, Missouri

**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) Not Known — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

*Morbid 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.* Died without Med. attention

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**:
**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 _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 3:10P *m., from the causes and on the date stated above.*

**23a. SIGNATURE**: C. M. Lucke. (Degree or title): M.D.
**23b. ADDRESS**: Hannibal, Mo
**23c. DATE SIGNED**: 3-5-56.

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 3/28/56
**24c. NAME OF CEMETERY OR CREMATORY**: Grand View Burial Park
**24d. LOCATION** (City, town, or county) (State): Hannibal, Mo.

**DATE REC'D BY LOCAL REG.**: 4-6-56
**REGISTRAR'S SIGNATURE**: Dr. C. M. Lucke By Viola Gen. Deputy
**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: L M O'Donnell, Hannibal, Mo

(Licensed Embalmer's Statement on Reverse Side)

.300
.48

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

89
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RECEIVED APR 7 1956
MARION CO. HEALTH DEPT.
DATE FILED APR 7 1956

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STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No...388

P. O. Address Hannibal, M

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.