

FILED APR 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **12138**

| | | | | |
|---|---|--|---|---|
| BIRTH NO. | | REG. DIST. NO. 360 | PRIMARY REG. DIST. NO. 3076 | Registrar's No. 75 |
| 1. PLACE OF DEATH a. COUNTY Vernon | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Deerfield, Mo. b. COUNTY Vernon | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada, Mo. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Deerfield 1080 | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Wyatt Nursing Home | | d. STREET ADDRESS (If rural, give location) 102 N Cedar | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Melinda Maria b. (Middle) (Mary) c. (Last) Turner | | | 4. DATE OF DEATH (Month) (Day) (Year) Apr. 4th. 56 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Sept. 2nd. 1872 | |
| 9. AGE (In years last birthday) 83 | | IF UNDER 1 YEAR Months Days | IF UNDER 12 HRS. Hours Mins. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY House | 11. BIRTHPLACE (City and State or Foreign Country) Breezie, Ill. | 12. CITIZEN OF WHAT COUNTRY? U.S. |
| 13a. FATHER'S NAME George Weber | | 13b. MOTHER'S MAIDEN NAME Melinda Moudy | 14. NAME OF HUSBAND OR WIFE DeWitt C. Turner, (dec) | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. x Ft. Scott, Kansas | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Lucille (Turner) Quick, 214 Judson, | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral arteriosclerosis with hemorrhage 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. None | | INTERVAL BETWEEN ONSET AND DEATH 4 hrs |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 331X | | 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 Jan 56 , to April 4, 1956 , that I last saw the deceased alive on March 29, 1956 and that death occurred at 10 A. M. , from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE Deland P. Randall MD | | 23b. ADDRESS Ft. Scott, Kansas | | 23c. DATE SIGNED 4/5/56 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 4/16th/56 | 24c. NAME OF CEMETERY OR CREMATORY Woods Cemetery | 24d. LOCATION (City, town, or county) (State) Redfield, Kans, Bourbon | |
| DATE REC'D BY LOCAL REG. 4-7-1956 | REGISTRAR'S SIGNATURE Anna E. Ferry | 25. FUNERAL DIRECTOR'S SIGNATURE Konantz Mortuary | | ADDRESS Ft. Scott, Kans. |

WRITE PLAINLY—USING UNFADING 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
Student Embalmer

Signed _____

[Handwritten Signature]

Licensed Embalmer No. *4921*

P. O. Address *Fort Sisco Kansas*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above: