No. 300
10.48

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

FILED AUG 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23219

State File No.

BIRTH NO. REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 5326 Registrar's No. 20

1. PLACE OF DEATH
a. COUNTY Crawford
b. CITY OR TOWN Steelville (Rural)
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) 1½ mi. SW of Steelville

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Crawford
c. CITY OR TOWN Steelville
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) 0280

3. NAME OF DECEASED (Type or Print)
a. (First) Gilbert
b. (Middle) Franklin
c. (Last) Turner

4. DATE OF DEATH (Month) 8 (Day) 31 (Year) 56

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH Nov. 21, 1875

9. AGE (In years last birthday) 80
IF UNDER 1 YEAR: Months 8 Days 10
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Courtois Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Turner

13b. MOTHER'S MAIDEN NAME Donna Evans

14. NAME OF HUSBAND OR WIFE

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. None

17. INFORMANT'S SIGNATURE OR NAME Mont Turnbough
ADDRESS Steelville

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) Senile debility — INTERVAL BETWEEN ONSET AND DEATH 2 yrs.

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.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 794X

20. AUTOPSY? YES ☐ NO ☒

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* May, 1956, *to* July, 1956 *that I last saw the deceased alive on* July 30, 1956 *and that death occurred at* 2:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Sam Robey (Degree or title) D.O.

23b. ADDRESS Steelville Mo

23c. DATE SIGNED 8/7/56.

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 8-2-56

24c. NAME OF CEMETERY OR CREMATORY Joseph Chapel

24d. LOCATION (City, town, or county) Quaker (State) Missouri

DATE REC'D BY LOCAL REG. 8/9/56

REGISTRAR'S SIGNATURE Mrs. Hazel Lickins

25. FUNERAL DIRECTOR'S SIGNATURE Harry M. Jonas
ADDRESS Steelville

(Licensed Embalmer's Statement on Reverse Side)

AUG 16 1958

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 262

P. O. Address Steelvill

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