

FILED MAY 14 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13979

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 5764 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>MARION</u>				2. USUAL RESIDENCE (Where deceased lived; If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MARION</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WARREN TOWNSHIP</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>WARREN TOWNSHIP</u> <u>0640</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MONROE CITY, R 3</u>			Length of stay in lb <u>9 yrs</u>		d. STREET ADDRESS <u>MONROE CITY, R3</u>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>ELLEN</u> Middle <u>CHRISTINE</u> Last <u>CROOK</u>				4. DATE OF DEATH Month <u>MAY</u> Day <u>1</u> Year <u>1957</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>SEPTEMBER 22, 1907</u>		9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>10</u> Hours <u></u> Min. <u></u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (City and state or country) <u>MONROE COUNTY, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>DUDLEY LEE TURNER</u>				14. MOTHER'S MAIDEN NAME <u>BERTA BLEDSOE</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>498-40-2105</u>		17. INFORMANT <u>L. T. Crook</u> Address <u>Monroe City, Mo R 3</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gunshot wound of brain</u>							INTERVAL BETWEEN ONSET AND DEATH <u>very short</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b) _____ DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Gun, 22 rifle, on floor, placed head over muzzle</u>					
20c. TIME OF INJURY Hour <u>11</u> a. m. <u>5</u> Month <u>1</u> Day <u>57</u> Year <u>57</u>			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> <u>head shot thru petrous portion of left temporal bone</u>					
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>			20f. CITY, TOWN, OR LOCATION <u>Warren township</u>		COUNTY <u>Marion</u>		STATE <u>Mo</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>11</u> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Henry H Sweets J M D Coroner - 3</u>					22b. ADDRESS <u>Hannibal Mo</u>		22c. DATE SIGNED <u>5/3/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>5-4-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ANDREW CHAPEL</u>			23d. LOCATION (City, town, or county) (State) <u>MARION COUNTY, MISSOURI</u>		
24. FUNERAL DIRECTOR <u>Wilson + Sons</u> ADDRESS <u>Monroe City Mo</u>				25. DATE RECD. BY LOCAL REG. <u>5-4-57</u>		26. REGISTRAR'S SIGNATURE <u>Dr. E. M. ...</u> <u>By ... Sec. Deputy</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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RECEIVED MAY 11 1957  
MARION CO. HEALTH DEPT.  
DATE FILED MAY 11 1957

MAY 20 1957

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Leslie L. Hilary.....

Licensed Embalmer No. 2014.....

P. O. Address Marion City.....

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