

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

513

STATE FILE NUMBER

FILED JAN 13 1958

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 128

1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY NEW MADRID		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CAPE GIRARDEAU		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN PORTAGEVILLE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. FRANCIS HOSPITAL		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First THOMAS Middle MICHAEL Last TURNER			4. DATE OF DEATH Month JANUARY 2, 1958 Day Year		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT. 3, 1956	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHILD		10b. KIND OF BUSINESS OR INDUSTRY *****	11. BIRTHPLACE (City and state or country) CAPE GIRARDEAU, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME EDWARD TURNER			14. MOTHER'S MAIDEN NAME GLENNA WRATHER		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT MR. EDWARD TURNER PORTAGEVILLE, MO.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hepatitis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Gastro enteritis, acute DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH 2 days 1 week
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 5710		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE	
21. I attended the deceased from 28 Dec '57, to 2 Jan 1958 and last saw her alive on 1 Jan '58 Death occurred at 2:30 a m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE James A. Kinley (Degree or title) M. D.			22b. ADDRESS Cape Girardeau Mo.		22c. DATE SIGNED 8 Jan '58
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE JAN. 3, 1958	23c. NAME OF CEMETERY OR CREMATORY PORTAGEVILLE CEMETERY	23d. LOCATION (City, town, or county) (State) PORTAGEVILLE, MISSOURI		
24. FUNERAL DIRECTOR DELISLE FUNERAL PARLOR		ADDRESS PORTAGEVILLE, MO.	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

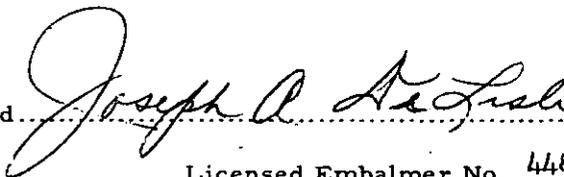
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  


Licensed Embalmer No..... 444

P. O. Address..... PORTAGEVILLE

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.