

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 27 1958

2029
STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 5

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Marion</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u>		a. STATE <u>MO</u>		b. COUNTY <u>Marion</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Elizabeth Hosp</u>		Length of stay in lb		c. CITY OR TOWN <u>Hannibal</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Luciel Turner</u>				d. STREET ADDRESS <u>2211 Gordon</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH <u>June 10, 1891</u>	
9. AGE (In years last birthday) <u>66</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Dalton Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Wilson Turner</u>				14. MOTHER'S MAIDEN NAME <u>Ellen Wheeler</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Ruth Turner 2211 Gordon St</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>CEREBRAL VASCULAR Accident</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Essential hypertension 443x</u> DUE TO (c) <u>HYPERTENSIVE CARDIOVASCULAR Disease</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Acute urinary Retention, 2nd° Urethra stricture</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) <u>-</u>	
20c. TIME OF INJURY Hour <u>-</u> Month <u>-</u> Day <u>-</u> Year <u>-</u> a. m. <u>-</u> p. m. <u>-</u>		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.) <u>-</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from Sept 1956 to JAN 10, 1958 and last saw him alive on JAN 10, 1958
Death occurred at 4:45 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Cornelius Welch, MD</u>		22b. ADDRESS <u>Hannibal MO</u>		22c. DATE SIGNED <u>1-13-58</u>	
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23a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Jan 14 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Robinson</u>		23d. LOCATION (City, town, or county) (State) <u>Hannibal MO</u>	
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24. FUNERAL DIRECTOR <u>W. Repleux Hannibal Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Jan 14 1958</u>		26. REGISTRAR'S SIGNATURE <u>WEM Lucke By HCF Fisher</u>	
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED JAN 24 1958
MARION CO. HEALTH DEPT.,
DATE FILED JAN 24 1958

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.....
Signature of Student Embalmer

Signed *W. R. Sephus*.....

Licensed Embalmer No. *342*

P. O. Address *Nansbury*

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.