Health, Welfare Public Service

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FILED MAR 13 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-006467
STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY: Marion b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hannibal — Inside Limits: Yes [X] No [ ] c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Elizabeth Hospital — Length of stay in Ib: 1/2/58	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Ralls c. CITY OR TOWN: New London — Inside Limits: Yes [ ] No [X] d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print)	First: SUSIE	Middle: VIRGINIA	Last: TURNER
4. DATE OF DEATH	Month: March	Day: 3	Year: 1958
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: January 25, 1900
9. AGE (In years last birthday): 58	IF UNDER 1 YEAR: Months: 1 Days: 8	IF UNDER 24 HRS.: Hours:	Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (City and state or country): Sheraton County Missouri	12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME: William Mack Smith	13b. MOTHER'S MAIDEN NAME: Ida May Lentz	14. NAME OF HUSBAND OR WIFE: W.G.Turner	
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: W.G.Turner	Address: New London Missouri

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 causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Metastatic Ca	2 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Ca of Cervix	2 yrs
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 17X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	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 June 57, to 3-3-58 and last saw her/him alive on 3-3-58. Death occurred at 2:35 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [illegible] (Degree or title)	22b. ADDRESS: Hannibal Mo	22c. DATE SIGNED: 3-5-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 7/5/58	23c. NAME OF CEMETERY OR CREMATORY: Grand View Buriel Park	23d. LOCATION (City, town, or county) (State): Hannibal Missouri
24. FUNERAL DIRECTOR: F. Crawford Smith	ADDRESS: Hannibal Missouri	25. DATE RECD. BY LOCAL REG.: 3-6-58	26. REGISTRAR'S SIGNATURE: Dr E.M. Lucke By W.C. Fisher

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAR 1 1 1958
MARION CO. HEALTH DEPT.
DATE FILED MAR 1 1 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 John S. [illegible]

Licensed Embalmer No. 4540

P. O. Address Hannibal Missour

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.