

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010245

STATE FILE NUMBER

1322

FILED MAR 31 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1322

300
1-57

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2200 Benton Blvd.</u> | | Length of stay in lb <u>2 yrs</u> | d. STREET ADDRESS (If outside, give location) <u>2200 Benton Blvd.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

| | | | | | |
|--|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or print) First <u>Etta</u> Middle _____ Last <u>Turner</u> | | | 4. DATE OF DEATH Month <u>March</u> Day <u>9</u> Year <u>1958</u> | | |
|--|--|--|--|--|--|

| | | | | |
|-------------------------------|------------------------------|---|--|--|
| 5. SEX <u>Female</u> <u>3</u> | 6. COLOR OR RACE <u>Col.</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>July 21, 1900</u> | 9. AGE (In years) <u>57</u> <u>57</u> IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____ |
|-------------------------------|------------------------------|---|--|--|

| | | | |
|--|-----------------------------------|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>Carrollton, Mississippi</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
|--|-----------------------------------|--|---|

| | | |
|---|---|--|
| 13a. FATHER'S NAME <u>Carroll Turner</u> | 13b. MOTHER'S MAIDEN NAME <u>Maggie Hemmingway</u> | 14. NAME OF HUSBAND OR WIFE <u>None</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>None</u> | 17. INFORMANT <u>Mrs John T. Turner, 2200 Benton Blvd.</u> Address |
|--|--|--|

| | | |
|--|--|---|
| 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>Carcinoma of Liver</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Carcinoma of Left Breast</u> DUE TO (c) _____ | | INTERVAL BETWEEN ONSET AND DEATH <u>six months</u> <u>16 months</u> <u>1 yr</u> |
| 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"/> |

| | |
|---|--|
| 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.) |
|---|--|

| | | |
|---|--|--|
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____ | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____ |
|---|--|--|

| | |
|---|--|
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____ |
|---|--|

21. I attended the deceased from Nov, 13, 1956 to March 9, 1958 and last saw ^{her} alive on March 9, 1958
Death occurred at 7:45 Pm on the date stated above; and to the best of my knowledge, from the causes stated.

| | | |
|---|---|------------------------------------|
| 22a. SIGNATURE <u>M. C. Lewis M.D.</u> (Degree or title) | 22b. ADDRESS <u>210 Lincoln Bldg</u> | 22c. DATE SIGNED <u>3-11-58</u> |
|---|---|------------------------------------|

| | | | |
|--|-----------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>3/13/58</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Highland Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u> |
|--|-----------------------------|--|---|

| | | |
|--|--|--|
| 24. FUNERAL DIRECTOR <u>Badeau, Appleton & Jones, K.C., Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>3-12-58</u> | 26. REGISTRAR'S SIGNATURE <u>Neva Minshel</u> |
|--|--|--|

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

M. C. Lewis

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms were observed. All diseases in Part I must be causally related.

28

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 *Conrad C. Galley, B.S.*

Licensed Embalmer No. 4944

P. O. Address K. C. 170

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.