

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013071
Serial No.

FILED MAY 12 1958

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u> Registrar's No. <u>15F</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. LENGTH OF STAY (in this place) OR TOWNSHIP <u>1 day</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Green City</u> <u>1050</u>		d. STREET ADDRESS (If rural, give location) <u>No street address</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Kirksville Osteopathic Hosp.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Prentiss</u>		b. (Middle) <u>Glenn</u>		c. (Last) <u>Turner</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 26, 1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 14, 1894</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR: Months <u>---</u> Days <u>---</u> Hours <u>---</u> Min. <u>---</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Elsworth Turner</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Cordelia Brinkley</u>		14. NAME OF HUSBAND OR WIFE <u>Stella Moddrell Turner</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>World War I</u>		16. SOCIAL SECURITY NO. <u>496-42-0042</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Stella Turner, Green City, Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Conjunctive heart Failure</u>				
	ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.)	DUE TO (b) <u>Extensive Myocardial Infarction</u>			
	DUE TO (c) <u>Coronary Thrombosis & Advanced Myocardia 2</u>				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Pericarditis</u>		4201		20. AUTOPSY! YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from <u>March 13, 1958</u> , to <u>April 26, 1958</u> , that I last saw the deceased alive on <u>April 26, 1958</u> , and that death occurred at <u>3:10A m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>David W. Boone</u> (Degree or title) <u>Reg 2</u>			23b. ADDRESS <u>800 West Jefferson Kirksville, Missouri</u>		23c. DATE SIGNED <u>4-30-58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr. 28, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Green City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-5-1958</u>		REGISTRAR'S SIGNATURE <u>Doris W. Pattiff</u>		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>Glenn E. Kent, Green City, Mo</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 6 1958

MAY 13 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
Student Embalmer

Signed.....

Karl P. Kent

Licensed Embalmer No. *4689*

P. O. Address *Green City, Mo.*

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 this body is not embalmed, fact should be so stated above.