

FILED APR 22 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013623
STATE FILE NUMBER

Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cameron</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Cameron</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>Cameron Community Hospt.</u>		Length of stay <u>20 days</u>	d. STREET ADDRESS (If outside, give location) <u>West 6 th. st.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Harvey</u> Last <u>Turner</u>			4. DATE OF DEATH Month <u>April</u> Day <u>9</u> Year <u>1958</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> <u>3</u> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>March 31 1875</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</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>Retired</u>	11. BIRTHPLACE (City and state or country) <u>Caldwell Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jacob Turner</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Jane Burkett</u>		14. NAME OF HUSBAND OR WIFE <u>Everett, Wash.</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>489-36-4994</u>	17. INFORMANT <u>Dean Turner</u> Address <u>Everett, Wash.</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 Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Cerebral Arteriosclerosis</u> DUE TO (c) <u>332X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>15 days</u> <u>20 yrs -</u>
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 <u>11:30</u> Month, Day, Year					
20d. INJURY OCCURRED WHILE AT <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 <u>3-26-58</u> to <u>4-9-58</u> and last saw her/him alive on <u>4-9-58</u> Death occurred at <u>11:30</u> <u>P</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>B. H. Compton</u> (Type or print)			22b. ADDRESS <u>Cameron, Mo.</u>		22c. DATE SIGNED <u>4-11-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4-14-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Kader</u>		23d. LOCATION (City, town, or county) (State) <u>Kader Mo</u>
24. FUNERAL DIRECTOR <u>Poland Funeral Home</u> ADDRESS <u>Cameron Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>4-14-58</u>	26. REGISTRAR'S SIGNATURE <u>Francis D. Crawford</u>	

300
1-57
510

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Every coroner, state health officer, or other state health officer is authorized to issue this certificate if the deceased has died in their jurisdiction. No symptoms will be listed.

APR 22 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 Robert F. Poland

Licensed Embalmer No. 4777
P. O. Address

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.