

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017490
STATE FILE NUMBER

FILED JUN 2 1958 Registration District No. 289 Primary Registration District No. 5143 Registrar's No. 1R

300
1-57

1. PLACE OF DEATH a. COUNTY Callaway			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tebbetts		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Tebbetts		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		Length of stay in 1b 10 yrs	d. STREET ADDRESS (If outside, give location) Residence		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First William Middle P. Last Turner			4. DATE OF DEATH Month May Day 16 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 20, 1892	9. AGE (In years) 65	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (City and state or country) Franklin County Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Sam Turner		13b. MOTHER'S MAIDEN NAME Sarah Josephson	
14. NAME OF HUSBAND OR WIFE Anna Turner		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 489 16 0725	
17. INFORMANT Anna Turner		Address Tebbetts Missouri		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage DUE TO (b) Arteriosclerosis DUE TO (c) 331X 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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 6 Month May Day 16 Year 1958 a.m. A.M. p.m.		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 Wright City		COUNTY Missouri		STATE	
21. I attended the deceased from May 16/58 to May 16/58 and last saw her alive on May 16/58 Death occurred at 6 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Leon P. Dayley M.D. Jefferson City, Mo.		22b. ADDRESS Jefferson City, Mo.	
22c. DATE SIGNED 5-18-58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 18, 1958	
23c. NAME OF CEMETERY OR CREMATORY Wright City		23d. LOCATION (City, town, or county) Wright City Missouri.		23e. STATE Missouri.	
24. FUNERAL DIRECTOR Maupin F. W. Muller		ADDRESS Wright City		25. DATE RECD. BY LOCAL REG. 5/19/58	
26. REGISTRAR'S SIGNATURE LeRoy Clapp					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

Dr Taylor

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 *[Signature]*

Licensed Embalmer-No. 3222
P. O. Address Gullon

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.