THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-021181
STATE FILE NUMBER

FILED JUN 23 1958 Registration District No. 53 Primary Registration District No. _____ Registrar's No. 355

1. PLACE OF DEATH
a. COUNTY Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Southeast Hosp. — Length of stay in 1b 2 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cape Girardeau
c. CITY OR TOWN Cape Girardeau 0164 0 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 430 No. Frederick — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Carl Middle William Last Turner
4. DATE OF DEATH Month Day Year June 4, 1958
5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH March 11, 1902
9. AGE (In years last birthday) 56 — 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) Retired Brake Inspector
10b. KIND OF BUSINESS OR INDUSTRY Frisco R.R.
11. BIRTHPLACE (City and state or country) St. Louis, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A?
13a. FATHER'S NAME William D. Turner
13b. MOTHER'S MAIDEN NAME Flora Hinton
14. NAME OF HUSBAND OR WIFE Marie Miles Turner
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 702-07-3451
17. INFORMANT Marie Turner — Address Cape Girardeau, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — unknown
DUE TO (c) 4200
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 [X] NO [ ] 1

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 May 22, 1958, to June 4, 1958 and last saw him alive on June 4, 1958
Death occurred at 1:10 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Gerald M. Hoxworth, M.D.
22b. ADDRESS 24 N. Spring Cape Girardeau, Mo.
22c. DATE SIGNED 6/5/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6/07/1958
23c. NAME OF CEMETERY OR CREMATORY Union Park Cemt.
23d. LOCATION (City, town, or county) (State) Chaffee, Scott, Mo.

24. FUNERAL DIRECTOR ADDRESS L.L. Haman-Cape Girardeau, Mo.
25. DATE RECD. BY LOCAL REG. June 13, 1958
26. REGISTRAR'S SIGNATURE Mrs. Homer E. Cooper

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

SEP 12 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 L. L. Haman

Licensed Embalmer No. 2863

P. O. Address Cape Girardeau

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.