

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031607
STATE FILE NUMBER

SEP 22 1958

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 287

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Kirksville TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kirksville 0013 2
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Grim-Smith INSTITUTION		Length of stay in 1b	d. STREET ADDRESS 1402 S. Osteopathy (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Nancy Middle I. Last Turner			4. DATE OF DEATH Month Sept. Day 9, Year 1958		
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5. SEX F 1	6. COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 19, 1875	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Adair County, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Joseph Warren Martin	13b. MOTHER'S MAIDEN NAME Louisa Jane Ross	14. NAME OF HUSBAND OR WIFE Charles L. Turner
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, no unknown) (If yes, give war dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Address Miss Gladys Turner, Kirksville, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial insufficiency.		INTERVAL BETWEEN ONSET AND DEATH 1 year.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hypertension	
	DUE TO (c) Arteriosclerosis. 444X	
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"/> 2

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.)
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20c. TIME OF INJURY Hour Month, Day, Year 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 COUNTY STATE
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21. I attended the deceased from 9-9-57 , to 9-9-58 and last saw her him alive on 9-9-58 Death occurred at 8:00 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) C. W. Hasselblad, M.D.	22b. ADDRESS Kirksville, Mo.	22c. DATE SIGNED 9-10-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/11/58	23c. NAME OF CEMETERY OR CREMATORY Brashear Cemetery	23d. LOCATION (City, town, or county) (State) Brashear, Mo.
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24. FUNERAL DIRECTOR Carl M. Riley	ADDRESS Kirksville, Mo.	25. DATE RECD. BY LOCAL REG. 9-13-1958	26. REGISTRAR'S SIGNATURE Doris W. Rathoff
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

350

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 *George W. Rowalt*

Licensed Embalmer No. *4799*

P. O. Address. *Wesleyville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.