Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002126
STATE FILE NUMBER

FILED JAN 28 1959 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Hannibal — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Levering Hospital — Length of stay in Ib: 1 Hour

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Marion
c. CITY OR TOWN: Hannibal — Inside Limits: Yes [X] No [ ]
STREET ADDRESS (If outside, give location): 1709 E. Gordon — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: HERBERT Middle: F. Last: TURNER

4. DATE OF DEATH Month Day Year: January 14, 1959

5. SEX: Male **6. COLOR OR RACE:** White **7. MARRIED** [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: October 11, 1903 **9. AGE** (In years last birthday): 55 — IF UNDER 1 YEAR: Months 3 Days 2 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ice Cream Maker
10b. KIND OF BUSINESS OR INDUSTRY: Bluff City Dairy
11. BIRTHPLACE (City and state or country): Monroe City Missouri
12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME: Othe Turner
13b. MOTHER'S MAIDEN NAME: Nettie Foster
14. NAME OF HUSBAND OR WIFE: Fulda F. Richards Turner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, name war or dates of service): None
16. SOCIAL SECURITY NO.: 496 03 8342
17. INFORMANT Address: Mrs. Herbert F. Turner Hannibal Missouri

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertension ?
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 331X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

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 3:30 1/14/59, to 4:30 1/14/59 and last saw her/him alive on 1/14/59
Death occurred at 4:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Wyatt Hamlin MD
22b. ADDRESS: Hannibal Mo.
22c. DATE SIGNED: 1/16/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1/17/1959
23c. NAME OF CEMETERY OR CREMATORY: Grand View Burial Park
23d. LOCATION (City, town, or county) (State): Hannibal Missouri

24. FUNERAL DIRECTOR ADDRESS: E. Crawford Smith, Hannibal Missouri
25. DATE RECD. BY LOCAL REG.: 1-19-1959
26. REGISTRAR'S SIGNATURE: Wm E Muckley M. C. Fisher

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature when reporting causes of death. No symptoms, signs or results of diagnostic procedures are acceptable. All diseases in Part I must be causally related.

RECEIVED JAN 2 6 1959
MARION CO. HEALTH DEPT.
DATE FILED [illegible]

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 .....

Licensed Embalmer No. 4540

P. O. Address .....Hannibal, Missou

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.