

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-030847

FILED VS. AUG 29 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4213 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY	Length of stay in 1b 4 yrs	c. CITY OR TOWN KANSAS CITY Independence	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Kings Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 610 N. McCoy Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First LEOLA Middle ELODIUS Last TURNER			4. DATE OF DEATH Month August Day 13, Year 1960	
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5. SEX Female	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-14-1870	9. AGE (last birthday) 90 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and state or country) Glasgow, Missouri	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME George Williams	13b. MOTHER'S MAIDEN NAME Rosa Lee	14. NAME OF HUSBAND OR WIFE Edward Turner
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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. None	17. INFORMANT Trilby Moore 2327 Lydia 2nd Fl.
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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) Cerebral Embolism DUE TO (b) Generalized Arteriosclerosis DUE TO (c) None		INTERVAL BETWEEN ONSET AND DEATH 7 day
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) malnutrition & Dehydration		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.) none
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20c. TIME OF INJURY none	20d. INJURY OCCURRED WHILE AT WORK none	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none	20f. CITY, TOWN, OR LOCATION Kansas City	COUNTY Jackson	STATE MO
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21. I attended the deceased from June 1, 60 to 13 Aug 60 and last saw her alive on 12 Aug 60 Death occurred at 6:40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE John H. Wells MD (Degree of title)	22b. ADDRESS 3718 Prospect	22c. DATE SIGNED 11 Aug 60
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	23b. DATE 8-16-60	23c. NAME OF CEMETERY OR CREMATORY Woodlawn	23d. LOCATION (City, town, or county) Independence, Missouri
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24. FUNERAL DIRECTOR WATKINS BROS. FUNERAL HOME	ADDRESS o 18th & Benton Blvd.	25. DATE RECD. BY LOCAL REG. 8-16-60	26. REGISTRAR'S SIGNATURE H. L. Dwyer
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF JOHN H. WELLS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Douglas R. Washburn

Licensed Embalmer No. 45

P. O. Address 18th Y A

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.