

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-033501

ED VS AUG 25 1960 333

Registration District No. 3074 Primary Registration District No. 198 Registrar's No.

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Scott		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston		Length of stay in 1b 28 days		c. CITY OR TOWN Charleston	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Comm. Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 904 W. Marshall		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			5. AGE (last birthday)	
First JAMES Middle EARL Last TURNER			Month 8 Day 10 Year 1960			9. AGE (last birthday) 50	
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 5/22/1910	IF UNDER 1 YEAR Months 5 Days 10		IF UNDER 24 HR Hours 10 Min. 00	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucking		10b. KIND OF BUSINESS OR INDUSTRY Trucking		11. BIRTHPLACE (City and state or country) Blodgett, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Ambrose Turner			13b. MOTHER'S MAIDEN NAME Dola Iris Scoggins			14. NAME OF HUSBAND OR WIFE Jewell 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. 487-18-4336		17. INFORMANT Address Mrs. Jewell Turner, Charleston, Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Carcinomatosis							
Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) Carcinoma, pancreas, head.							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hepatic failure.				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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.)			
20c. TIME OF INJURY Hour 6:20 Month, Day, Year 8/10/60		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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	
21. I attended the deceased from 6/4/60 to 8/10/60 and last saw her alive on 8/10/60 . Death occurred at 6:20 P. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Wilson J. Arguason, MD				22b. ADDRESS Sikeston, Mo.		22c. DATE SIGNED 8/11/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/13/60		23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		23d. LOCATION (City, town, or county) (State) Charleston, Mo.	
24. FUNERAL DIRECTION ADDRESS The Nunnelee Funeral Chapel		25. DATE RECD. BY LOCAL REG. 8-17-60		26. REGISTRAR'S SIGNATURE Mrs. Ella Hunter			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 1 1960

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed

John T. Munnell

Licensed Embalmer No. 3851

P. O. Address

Charleston

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.