

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-023668

AMENDED

Registration District No. 324 Primary Registration District No. 6093 Registrar's No. 120

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

FILED JUL 5 1961

1. PLACE OF DEATH
a. COUNTY **Saline**

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 **Marshall** Length of stay in 1b **6 mos**

c. CITY OR TOWN **Kansas City** Inside Limits Yes No

c. FULL NAME OF (If not in hospital give location) HOSPITAL OR INSTITUTION **Marshall State School & Hosp.** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **2245 Lawn St.** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **Michael** Middle **Ray** Last **Turner**

4. DATE OF DEATH Month **June** Day **26** Year **1961**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH **12-3-1949** 9. AGE (last birthday) **11 yrs.**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Bed patient** 10b. KIND OF BUSINESS OR INDUSTRY **-----**

11. BIRTHPLACE (City and state or country) **Kansas City, Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Wesley G. Turner** 13b. MOTHER'S MAIDEN NAME **Lois E. Parcell** 14. NAME OF HUSBAND OR WIFE **-----**

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 **Records of Marshall State School & Hosp., Marshall, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Broncho-pneumonia** INTERVAL BETWEEN ONSET AND DEATH **7 days**
DUE TO (b) _____
DUE TO (c) _____
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Cerebral palsied, epileptic, microcephalic invalid**

PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

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 **4-1-1959** to **6-26-1961** and last saw her/him alive on **6-26-1961**
Death occurred at **10:10 a.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **A.B. Day, M.D.** 22b. ADDRESS **Marshall State School & Hosp., Marshall, Mo.** 22c. DATE SIGNED **6-26-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **6-26-1961** 23c. NAME OF CEMETERY OR CREMATORY **Memorial Park Cemetery** 23d. LOCATION (City, town, or county) (State) **Kansas City, Mo.**

24. FUNERAL DIRECTOR ADDRESS **Campbell-Lewis Marshall, Mo.** 25. DATE RECD. BY LOCAL REG. **6-26-61** 26. REGISTRAR'S SIGNATURE **Cecil G. Reed**

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 *James A. Lewis*

Licensed Embalmer No. 4709

P. O. Address Marshall, 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.