

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

61-028386
STATE FILE NUMBER

38 Primary Registration District No. 3006 Registrar's No. 542

AMENDED

Registration District No. **FILED SEP 5 1961**

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Length of stay in 1b 9 days	c. CITY OR TOWN Waverly Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION University Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route #1 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Granville Otis Turner			4. DATE OF DEATH Month Day Year August 30 1961
5. SEX Male	6. COLOR OR RACE Colored	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-15-95
9. AGE (last birthday) 66		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None Laborer		10b. KIND OF BUSINESS OR INDUSTRY None Farmer	11. BIRTHPLACE (City and state or country) Hodge, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME David Turner	
13b. MOTHER'S MAIDEN NAME Emma Barnett		14. NAME OF HUSBAND OR WIFE Roberta Turner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		17. INFORMANT Address Med. Records. U.M.M.C.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chemia			INTERVAL BETWEEN ONSET AND DEATH 3 wks
DUE TO (b) Hypertension and hydrocephalus			1 yr.
DUE TO (c) Probable obstructive prostatic hypertrophy			5 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Lobar pneumonia			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 checked="" type="checkbox"/> NO <input 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 s.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <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
21. I attended the deceased from Aug 21, 1961 to Aug 30, 1961 and last saw him alive on Aug 30, 1961 Death occurred at 7:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Robert W. Madlenhoff M.D.		22b. ADDRESS U. of Mo. Med. Center, Columbia Mo.	22c. DATE SIGNED Aug 31, '61
23a. BURIAL, CREMATION, or other disposition (Specify) Burial	23b. DATE 9-3-61	23c. NAME OF CEMETERY OR CREMATORY St. Hope	23d. LOCATION (City, town, or county) (State) Lafayette County E. Missouri
24. FUNERAL DIRECTOR George H. Green	ADDRESS Tullahoma, Mo.	25. DATE RECD. BY LOCAL REG. Aug 31 1961	26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 14 1961

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 Georgette Guen

Licensed Embalmer No. 4220

P. O. Address Dutton, 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.