

# OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**-61-045609**  
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE  
 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 466

AMENDED **FILED JAN 9 1962**

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hannibal</b>		c. CITY OR TOWN <b>Hannibal</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Levering Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>R R # 1</b>	

3. NAME OF DECEASED (Type or print) First <b>HELEN</b> Middle <b>VIRGINIA</b> Last <b>TURNER</b>			4. DATE OF DEATH Month <b>December</b> Day <b>29</b> Year <b>1961</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>December 7, 1919</b>	9. AGE (last birthday) <b>42</b>	IF UNDER 1 YEAR Months <b>22</b> Days <b>22</b> Hours <b></b> Min. <b></b>	IF UNDER 24 HR Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Personnel Dept</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>International Shoe</b>	11. BIRTHPLACE (City and state or country) <b>Hannibal Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U S A</b>
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13a. FATHER'S NAME <b>Clarence E. Howerton</b>	13b. MOTHER'S MAIDEN NAME <b>Enrette Davis</b>	14. NAME OF HUSBAND OR WIFE <b>Lee Bledsoe Turner</b>
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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) <b>No</b>	7. INFORMANT <b>Lee B. Turner</b> Address <b>Hannibal Missouri</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a) and (b)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary Oedema</b>		INTERVAL BETWEEN ONSET AND DEATH <b>36 hrs</b>
DUE TO (b) <b>Congestive Failure</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>14<sup>th</sup> P.O. Day Obstruction to Respiration</b>		<b>42 hrs</b>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>MESENTERIC Thrombosis Probable 48 hrs.</b>	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
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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 <b>7:50 P</b> Month, Day, Year <b>Dec 20-61</b>	

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 <b>Hannibal</b> COUNTY <b>Mo</b> STATE <b>Mo</b>
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21. I attended the deceased from **Dec 20-61** to **Dec 29-61** and last saw her/him alive on **Dec 29-61**  
 Death occurred at **7:50 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>MD</b>	22b. ADDRESS <b>Hannibal Mo</b>	22c. DATE SIGNED
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Jan. 2, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mount Olivet Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Hannibal Missouri</b>
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24. FUNERAL DIRECTOR <b>W. Crawford Smith</b> ADDRESS <b>Hannibal Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>Jan. 2, 1962</b>	26. REGISTRAR'S SIGNATURE <b>Dr. E. M. Lucke by [Signature]</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

**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 *John S. Ward*

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.