

FILED FEB 9 1950

STANDARD CERTIFICATE OF DEATH

State File No. *173*

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. *38* PRIMARY REG. DIST. NO. *3006* Registrar's No. *32*

1. PLACE OF DEATH a. COUNTY <i>Boone</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Boone</i> <i>0104</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Columbia</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Columbia</i> <i>0</i>	
c. LENGTH OF STAY (In this place) <i>Lifetime</i>		d. STREET ADDRESS (If rural, give location) <i>613 A nn St.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>613 A nn St.</i>			

3. NAME OF DECEASED (Type or Print)	a. (First) <i>JEFFERSON</i>	b. (Middle) <i>DAVIS</i>	c. (Last) <i>TURNER</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Feb. 1, 1950</i>
-------------------------------------	-----------------------------	--------------------------	-------------------------	--

5. SEX <i>Male 0</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Jan. 9, 1866</i>	9. AGE (In years last birthday) <i>84</i>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
-------------------------	----------------------------------	--	---	--	---------------------------	-------------------------	--------------------------	-------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired University Employee</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Boone County, Missouri 0</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
---	-----------------------------------	--	---

13a. FATHER'S NAME <i>Thomas Turner</i>	13b. MOTHER'S MAIDEN NAME <i>Lucinda Fowler</i>	14. NAME OF HUSBAND OR WIFE <i>Mary Merkel Turner</i>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Miss Bertha Turner, Columbia, Mo.</i>	ADDRESS
---	--	---	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <i>15 years</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Uremia</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Prostatic Obstruction</i> DUE TO (c) <i>Unknown</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Secondary Anemia</i>		<i>610X</i>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>None</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from *Jan 29, 1950*, to *Feb 31, 1950*, that I last saw the deceased alive on *Jan 31, 1950*, and that death occurred at *5:00pm.*, from the causes and on the date stated above.

23a. SIGNATURE <i>James C. Cape M.D.</i> (Degree or title)	23b. ADDRESS <i>909 University Columbia</i>	23c. DATE SIGNED <i>Feb 2 '50</i>
---	--	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial 0</i>	24b. DATE <i>Feb. 5, 1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Olivet Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Boone County, Missouri.</i>
--	----------------------------------	--	---

DATE REC'D BY LOCAL REG. <i>Feb 2, 1950</i>	REGISTRAR'S SIGNATURE <i>Mrs R E Palmer</i>	31	25. FUNERAL DIRECTOR'S SIGNATURE <i>Parker Funeral Service, Columbia, Mo.</i>	ADDRESS
--	--	----	--	---------

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
FEB 6 1950  
District Health Officer No. 9,  
District File Number

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 .....  
Student Embalmer

Signed *M. S. Whitfield*

Licensed Embalmer No. *2893*

P. O. Address *Columbia 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 this body is not embalmed, fact should be so stated above.