

FILED SEP 28 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30606

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5586 Registrar's No. 179

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE California b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" Marion		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oakland 6, 8040	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 1/2 M. East on U.S. #66		d. STREET ADDRESS (If rural, give location) 2413 109th. St., 8	

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) - - c. (Last) KURUCZ		4. DATE OF DEATH (Month) (Day) (Year) Sept. 15, 1951	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH April 7, 1905
9. AGE (In years) 46		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist	11. BIRTHPLACE (State or foreign country) Hungary
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY - - -	12. CITIZEN OF WHAT COUNTRY? - - -

13a. FATHER'S NAME Stephen Kurucz	13b. MOTHER'S MAIDEN NAME Marie Gordon	14. NAME OF HUSBAND OR WIFE Irene Nickolassy Kurucz
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. 139 12 8104	17. INFORMANT'S SIGNATURE OR NAME Mrs. Irene Kurucz ADDRESS Carthage, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Fracture Cervical Spine		INTERVAL BETWEEN ONSET AND DEATH Less than 30 Mins.
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) <del>Strike</del> Auto Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) Sept. 15, 1951	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Car left pavement while passing truck
22. I hereby certify that I attended the deceased from D.O.A. 10:40A, 1951, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, 19____, from the causes and on the date stated above.		

23a. SIGNATURE Frank H. Birmer	(Degree or title) M.D. O	23b. ADDRESS Carthage, Mo.	23c. DATE SIGNED 9-17-1951
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-21-1951	24c. NAME OF CEMETERY OR CREMATORY Park Cemetery	24d. LOCATION (City, town, or county) (State) Carthage, Mo.

DATE REC'D BY LOCAL REG. 9-18-51	REGISTRAR'S SIGNATURE L B Clinton, MD	25. FUNERAL DIRECTOR'S SIGNATURE Ulmer Funeral Home	ADDRESS Carthage, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 9/27/51  
Jasper County Health Office

County File Number 51/9/757  
Date Filed 9-27-51

MAR 18 1952

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 \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed *Ray E. Ross*

Licensed Embalmer No. 4729

P. O. Address *Garthage, 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.