

FILED MAY 29 1952

STANDARD CERTIFICATE OF DEATH

State File No. 17271

BIRTH NO. 30522 REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 4324 Registrar's No. 10-52

1. PLACE OF DEATH
a. COUNTY Miller

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Miller

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tuscumbia

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Elizabeth Osage

d. FULL NAME OF HOSPITAL OR INSTITUTION Humphreys Osteopathic

d. STREET ADDRESS (If rural, give location) 0660

3. NAME OF DECEASED
a. (First) EDWARD b. (Middle) LAWRENCE c. (Last) JURGENSMAYER

4. DATE OF DEATH (Month) (Day) (Year) MAY 10, 1952

5. SEX Male

6. COLOR OR RACE W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married

8. DATE OF BIRTH May 7, 1952

9. AGE (In years last birthday) IF UNDER 1 YEAR Days 2 IF UNDER 24 HRS. Hours Min. 17 5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (State or foreign country) Tuscumbia, Missouri

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME William C. Jurgensmeyer

13b. MOTHER'S MAIDEN NAME Irmine Schwaller

14. NAME OF HUSBAND OR WIFE none

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'S SIGNATURE OR NAME ADDRESS Irmine Jurgensmeyer St. Elizabeth

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) Anoxemia - Respiratory
ANTECEDENT CAUSES Failure - of atelectic nature
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 3 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 7620

20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) SUICIDE HOMICIDE no

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) no

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) no

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from May 7, 1952, to May 10, 1952, that I last saw the deceased alive on May 10, 1952, and that death occurred at 12:05 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. E. Humphreys D.O.

23b. ADDRESS Tuscumbia, Missouri

23c. DATE SIGNED May 10, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE May 11, 1952

24c. NAME OF CEMETERY OR CREMATORY St. Lawrence

24d. LOCATION (City, town, or county) (State) St. Elizabeth, Missouri

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE May 10, 1952 Mrs. Richard L. Wright

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS none

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

650

RECEIVED

MAY 23 1952

MILLER COUNTY HEALTH
DEPARTMENT

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.....

Licensed Embalmer No.....

P. O. Address.....

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.