

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23329**

FILED AUG 2 - 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 353

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sarcoxie</u>	
c. LENGTH OF STAY (in this place) <u>14 months</u>		d. STREET ADDRESS (If rural, give location) <u>0490</u> <u>7</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2111 Sargent</u>			

3. NAME OF DECEASED a. (First) <u>Sarah</u> b. (Middle) <u>Anna</u> c. (Last) <u>Gurley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 14 1954</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	
8. DATE OF BIRTH <u>Jan - 4 - 1869</u>		9. AGE (In years last birthday) <u>85</u>		10. UNDER 1 YEAR OF ORDER 22 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
11. BIRTHPLACE (State or foreign country) <u>Galena Mo</u>					

13a. FATHER'S NAME <u>M. Berchett</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>A.K. Gurley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>A.K. Gurley Joplin Mo.</u>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u>		DUE TO (b) <u>Hypertension</u>				<u>Unknown</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)				<u>Unknown</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>				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 7-13-54, 19  , to 7-14-54, 19  , that I last saw the deceased alive on 7-13-54, 19  , and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Fuhr, Jr. (M.D.)</u>		23b. ADDRESS <u>321 Frisco Building, Joplin, Mo.</u>		23c. DATE SIGNED <u>7-24-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>July-16-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sarcoxie Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Sarcoxie Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-26-54</u>		REGISTRAR'S SIGNATURE <u>Ed S. James</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Max L. Fossett McNewan Mo</u>	

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

RECEIVED JUL 31 1954  
Jasper County Health Office  
County File Number 54-7-635  
Date Filed JUL 31 1954

**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 Max L. Fournell

Licensed Embalmer No. 4252

P. O. Address Wrensboro, Ga.

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.