

FILED NOV 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34674

State File No.

BIRTH NO. _____ **REG. DIST. NO.** 226 **PRIMARY REG. DIST. NO.** 432 **Registrar's No.** 25

1. PLACE OF DEATH a. COUNTY <u>Monroe</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Madison</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Madison (R.R.)</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____ <u>0680</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Iola</u> b. (Middle) <u>May</u> c. (Last) <u>Jurgens</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-10-54</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>9/24/1878</u> <u>83</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>Monroe Co. Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>John H. Jurgens</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Ann Gillespie</u>		14. NAME OF HUSBAND OR WIFE <u>Wm. E. Jurgens</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Pearle Jurgens</u> ADDRESS <u>Madison</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Myocarditis</u>			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____			
ANTECEDENT CAUSES 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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>4222</u>	
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) m.	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 Oct 10, 1954, to _____, 19____, that I last saw the deceased alive on Oct 10, 1954, and that death occurred at 3:30 P. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>E. T. Whitaker M.D.</u>		23b. ADDRESS <u>W. J. Moberly, Mo</u>	23c. DATE SIGNED <u>10-21-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>10/21/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hallsburg Mo</u>
DATE REC'D BY LOCAL REG. <u>10/21/54</u>	REGISTRAR'S SIGNATURE <u>Edna Robertson</u> <u>471</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred A. Thompson</u> ADDRESS <u>Madison</u>	

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

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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 *Mr. Fred A. Kemp*

Licensed Embalmer No. 2287

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.