

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2472

**FILED JAN 30 1956**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>		c. CITY OR TOWN <u>Hickery Grove</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>8 Days</u>		e. STREET ADDRESS (If rural, give location) <u>"Rural"</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>IDA</u>	b. (Middle) <u>JEAN</u>	c. (Last) <u>JUERN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 24 1956</u>
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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>March 3, 1872</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>21</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Calhoun Co., Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>William Eaton</u>	13b. MOTHER'S MAIDEN NAME <u>Rosealine Kanures</u>	14. NAME OF HUSBAND OR WIFE <u>Henry Juern</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Nellie Smith, Foristell, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Cerebral thrombosis</u>		Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Cerebral arteriosclerosis</u>
	DUE TO (c) <u>Vulmonary edema</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>332x</u>	<u>7 days</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 17, 1956, to Jan 26, 1956, that I last saw the deceased live on Jan 24, 1956, and that death occurred at 11:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Cargis J. Canty</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Dr. Clarke, Mo.</u>	23c. DATE SIGNED <u>Jan 25, 1956</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Jan. 27, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wright City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wright City, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Jan 24 1956</u>	REGISTRAR'S SIGNATURE <u>Ermine Hunsicker</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Nieburg Turn. &amp; Mutt. Wright City Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

**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.....  
Signature of Student Embalmer

Signed *Julius J. Neuberg*.....  
Licensed Embalmer No. *334*  
P. O. Address *Wright Co.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.