V.S. No. 300
Rev. 10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37060

BIRTH NO. _____ REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 6053 Registrar's No. 28

1. PLACE OF DEATH
a. COUNTY: St Clair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Monegaw Township
c. LENGTH OF STAY (in this place): 25 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route #1 Deepwater

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St. Clair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Monegaw Township
d. STREET ADDRESS (If rural, give location): Route #1 Deepwater

3. NAME OF DECEASED (Type or Print): a. (First) Ira b. (Middle) Garfield c. (Last) Gurley
4. DATE OF DEATH (Month) (Day) (Year): Oct - 27 - 1957
5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. - 20 - 1886
9. AGE (In years last birthday): 70 yrs; IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Polk County Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME: Henry Gurley
13b. MOTHER'S MAIDEN NAME: Mary Cobert
14. NAME OF HUSBAND OR WIFE: Mary Gurley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 491-42-8759
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Mary Gurley, ADDRESS: Rte #1 Deepwater

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolism — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocarditis, Nephritis — Years
DUE TO (c) Asthma, Bronchitis — Years

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: 241X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19__, to Oct 27, 1957, that I last saw the deceased alive on Oct 26, 1957, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE: [illegible] (Degree or title) DO
23b. ADDRESS: Lowry City Mo
23c. DATE SIGNED: 10-28-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct-30-1957
24c. NAME OF CEMETERY OR CREMATORY: Lowry City Cemetery
24d. LOCATION (City, town, or county) (State): Lowry City Missouri

DATE REC'D BY LOCAL REG.: Oct. 29-1957
REGISTRAR'S SIGNATURE: Cleo Abney
25. FUNERAL DIRECTOR'S SIGNATURE: Melvin L. Jamison ADDRESS: Appleton City

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Melvin L. Jansson

Licensed Embalmer No. 4589

P. O. Address Appleton City

Signed.....
Student Embalmer

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.