

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-022316

STATE FILE NUMBER

FILED JUL 1 1958 Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 128

S. 300  
1-57  
4

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WEBB CITY - MINERAL TWP		Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN WEBB CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ELMHURST		Length of stay in 1b <del>over 30 yrs</del>	049 <sup>2</sup> STREET ADDRESS 205 S ROANE ST. (If outside, give location)
3. NAME OF DECEASED (Type or print) First Middle Last JESSIE PHOEBE GARY			4. DATE OF DEATH Month Day Year JUNE 27 1958
5. SEX / FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT 24, 1879
9. AGE (In years last birthday) 78	FUNDER 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) RETIRED TEACHER		10b. KIND OF BUSINESS OR INDUSTRY SCHOOL TEACHER	11. BIRTHPLACE (City and state or country) ILL
12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME J. M. GARY		13b. MOTHER'S MAIDEN NAME ORPHA D JOHNSON	14. NAME OF HUSBAND OR WIFE NONE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT Address MISS FRANCES ISABELL K. C. MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Malnutrition &amp; dehydration</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Cerebral arteriosclerosis</i> DUE TO (c) <i>33/XF</i>			INTERVAL BETWEEN ONSET AND DEATH 4 wks. years.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Fracture of left acetabulum</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Fell while sweeping porch.</i>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <i>5-21-58</i>		<i>Had cerebral aneurysm &amp; partial paralysis left arm - leg. 1948 ±</i>	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	20f. CITY, TOWN, OR LOCATION <i>Webb City</i>	COUNTY STATE <i>Jasper Mo.</i>
21. I attended the deceased from <i>2-1-50</i> to <i>6-27-58</i> and last saw <sup>her</sup> <sub>him</sub> alive on <i>6-22-58</i> . Death occurred at <i>9:30 A.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Wm. J. Ferguson M.D.</i>		22b. ADDRESS <i>Webb City Mo</i>	22c. DATE SIGNED <i>6/27/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE <i>6-28-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>MT HOPE CEMETERY</i>	23d. LOCATION (City, town, or county) (State) <i>WEBB CITY, MO.</i>
24. FUNERAL DIRECTOR <i>HEDGE-LEWIS FUNERAL HOME WEBB CITY, MO.</i>		25. DATE RECD. BY LOCAL REG. <i>6-28-58</i>	26. REGISTRAR'S SIGNATURE <i>Mrs. Madeline Switzer</i>

All diseases in Part I must be causally related.  
 Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 MEDICAL CERTIFICATION

Date Filed JUN 30 1958  
File Number 58-6-593

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 L. J. Lewis  
Licensed Embalmer No. 4561  
P. O. Address Webb Ct. 10

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.