

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042998

STATE FILE NUMBER

FILED DEC 1 1958 Registration District No. 337 Primary Registration District No. 4497 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY SHELBY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY SHELBY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLARENCE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN CLARENCE MO
c. FULL NAME OF HOSPITAL OR INSTITUTION HOME		Length of stay in lb 40 YRS	d. STREET ADDRESS (If outside, give location) CLARENCE MO
3. NAME OF DECEASED First ANNA Middle SHALE Last JURPER			4. DATE OF DEATH Month NOV Day 15 Year 1958
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JULY 23, 1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE	11. BIRTHPLACE (City and state or country) SHELBY COUNTY MO
13a. FATHER'S NAME W. B. SHALE		13b. MOTHER'S MAIDEN NAME ELIZABETH JOHNSON	14. NAME OF HUSBAND OR WIFE H. N. JURPER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address IVA ADAMS CLARENCE 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) CORONARY OCCLUSION			INTERVAL BETWEEN ONSET AND DEATH 3 1/2 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) CORONARY THROMBOSIS			1 year
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Sept. 16, 1958 to Nov. 15, 1958		and last saw her alive on Nov. 13, 1958	
Death occurred at 3:40 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dr. B. L. Edrington D.O.		22b. ADDRESS Clarence, MO	22c. DATE SIGNED 11-21-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11-17-58	23c. NAME OF CEMETERY OR CREMATORY MAPLE WOOD CEMETERY	23d. LOCATION (City, town, or county) (State) CLARENCE MO
24. FUNERAL DIRECTOR BRENNING	ADDRESS CLARENCE MO	25. DATE RECD. BY LOCAL REG. 11-28-58	26. REGISTRAR'S SIGNATURE Ada Garrison

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

VS OCT 1 4 1959

VS SEP 17 1959

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 *Charles V. Greening*

Licensed Embalmer No. *4629*
P. O. Address. *Clarence*

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.