

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036687

FILED VS NOV 5 1959 162

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 5595 Registrar's No. 103

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ROCK TOWNSHIP		c. CITY OR TOWN BARNHART MO	
Length of stay in 1b 25 YRS		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNHART R.R.		d. STREET ADDRESS (If outside, give location) BARNHART R.R.	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First ALFRED Middle GUMBRILL Last _____			4. DATE OF DEATH OCT 29, 1959 Month Day Year			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH NOV 10 1869	9. AGE (last birthday) 89	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (RETIRED) ARCHITECT		10b. KIND OF BUSINESS OR INDUSTRY BUILDER	11. BIRTHPLACE (City and state or country) EMGLAND	12. CITIZEN OF WHAT COUNTRY U S A		
13a. FATHER'S NAME GEORGE GUMBRILL		13b. MOTHER'S MAIDEN NAME NELLIE DEAN		14. NAME OF HUSBAND OR WIFE ALVINA NEE RUEBEL		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address ALVINA GUMBRILL BARNHART MO		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 2-3y
IMMEDIATE CAUSE (a) myocarditis		
DUE TO (b) arteriosclerosis		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cancer of prostate		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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.) Prostate Cancer
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year	

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 1957 to Oct 19, 1959 and last saw him alive on Oct 29, 1959 Death occurred at 12:30p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) Robert B. Jurecky D.D.	22b. ADDRESS 303 W. Main - Jester, MO 65305	22c. DATE SIGNED 10/30/59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE OCT 31 1959	23c. NAME OF CEMETERY OR CREMATORY BURGESS CEMETERY
24. FUNERAL DIRECTOR ADDRESS HEILIGTAG FUNERAL HOME IMPERIAL MO		23d. LOCATION (City, town, or county) (State) ANTONIA MO
25. DATE RECD. BY LOCAL REG. 10-31-59		26. REGISTRAR'S SIGNATURE Robert E. Bauer

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Elmer A. Hightag

Licensed Embalmer No. 3571

P. O. Address Imperia
IN

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.