

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040705

FILED VS DEC 2 1959

160

Primary Registration District No.

559v

Registrar's No.

167

STATE FILE NUMBER

UNDECEASED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jeff.		b. CITY (If outside corporate limits, give TOWNSHIP only) Joachim Twp.		a. STATE Mo.		b. COUNTY Cape	
c. FULL NAME OF (IF NOT in hospital, give location) Highway 61-67 near Pevely		Length of stay in 1b		c. CITY OR TOWN Cape Girardeau		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS 1514 Luce		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Jerry		Middle E.		Last Kurka		Month Day Year 11-22-59	
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 12-18-10	9. AGE (last birthday) 48	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT		10b. KIND OF BUSINESS OR INDUSTRY VARIETY STORE		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME FRANK J. KURKA			13b. MOTHER'S MAIDEN NAME BEATRICE		14. NAME OF HUSBAND OR WIFE VIRGINIA KURKA		
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 Gary Rust Cape Girardeau, 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	
IMMEDIATE CAUSE (a) Multiple fractures of skull						1 1/2 hr.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b)							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					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 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.) Head-on Auto crash.					
20c. TIME OF INJURY 11:00 a.m.	Month, Day, Year 11/22/59						
20d. INJURY OCCURRED WHILE AT WORK <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.) Highway	20f. CITY, TOWN, OR LOCATION Joachim Twp.		COUNTY Jeff.		STATE Mo.	
21. I attended the deceased from Coroner's View and last saw her alive on _____							
Death occurred at 11:20 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) James O. Fisher M.D. Coroner				22b. ADDRESS Pevely, Mo.		22c. DATE SIGNED 11/23/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-24-59	23c. NAME OF CEMETERY OR CREMATORY Memorial		23d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.			
24. FUNERAL DIRECTOR ADDRESS Ford Funeral Home Cape Girardeau Mo.		25. DATE RECD. BY LOCAL REG. 11-23-59		26. REGISTRAR'S SIGNATURE Gene G. Pitzer			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS-DEC 9 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

Anthony R. Pol

Licensed Embalmer No. _____

3488

P. O. Address _____

Crystal

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.