

FEDERAL BUREAU OF INVESTIGATION
 FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040706

FILED VS. DEC 2 1959 / 60

Registration District No. 559 Registrar's No. 166

STATE FILE NUMBER

UNDECEASED

| | | | | | |
|---|--|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Jefferson | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Cape | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Joachim Twp. | | Length of stay in 1b ---- | c. CITY OR TOWN Cape Girardeau | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway 61-67 1/2 Mi. N. Pevely | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 1514 Luce | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Sally Middle Kurka Last | | | 4. DATE OF DEATH Month Nov. Day 22, Year 1959 | | |
| 5. SEX F | 6. COLOR OR RACE W | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH May 7, 1944 | 9. AGE (last birthday) 15 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student | | 10b. KIND OF BUSINESS OR INDUSTRY High School | | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. | 12. CITIZEN OF WHAT COUNTRY USA |
| 13a. FATHER'S NAME Jerry Kurka | | 13b. MOTHER'S MAIDEN NAME Virginia Smith | | 14. NAME OF HUSBAND OR WIFE | |
| 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. Unknown | | 17. INFORMANT Address Gary Rust, Cape Girardeau, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY: PART I. IMMEDIATE CAUSE (a) Multiple Fractures & Internal Injuries 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 Lorraine's View to _____ and last saw her/him alive on _____ Death occurred at 11:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) James C. Corcoran D.C. Corcoran | | | 22b. ADDRESS Pevely, Mo. | | 22c. DATE SIGNED 11/23/59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Nov. 24, 1959 | 23c. NAME OF CEMETERY OR CREMATORY Memorial Park | | 23d. LOCATION (City, town, or county) Cape Girardeau, Mo. (State) |
| 24. FUNERAL DIRECTOR Ford & Sons 118 S. Sprigg, Cape Girardeau | | | 25. DATE RECD. BY LOCAL REG. 11-23-59 | 26. REGISTRAR'S SIGNATURE Paul G. Jordan | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS DEC 9 1968

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald H. [Signature]

Licensed Embalmer No. 46608

P. O. Address Festo, Pa

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.