

# JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**=60-016261**

FILED VS MAY 2 1960

251

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STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Nodaway</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Maryville</b>		Length of stay in 1b <b>18 years</b>		c. CITY OR TOWN <b>Maryville</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>220 East 7th</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>220 East 7th</b>	
3. NAME OF DECEASED (Type or print) First <b>MABEL</b> Middle <b>GURNEY</b> Last <b>JACKSON</b>			4. DATE OF DEATH Month <b>4</b> Day <b>18</b> Year <b>60</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3/3/68</b>	9. AGE (last birthday) <b>92</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>		11. BIRTHPLACE (City and state or country) <b>Chicago, Illinois</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Robert Gurney</b>		13b. MOTHER'S MAIDEN NAME <b>Susie Lockwood</b>	
14. NAME OF HUSBAND OR WIFE <b>Charles S. Jackson, dec</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>Mrs. Lewis DeHart, Maryville, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Cardiac Distention</b> Conditions, if any, which gave rise to above cause (e), stating the underlying cause last. DUE TO (b) <b>Pulmonary edema</b> DUE TO (c) <b>Chronic Myocarditis</b>					INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b> <b>Several days</b> <b>years.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) <b>Multiple Arthritis + Senility</b>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)			
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 <b>4-8-60</b> to <b>4/18/60</b> and last saw her/him alive on <b>4-18-60</b> Death occurred at <b>7:30 P.</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>W.R. Jackson</b> (Degree or title) <b>M. D.</b>		22b. ADDRESS <b>Maryville, Missouri</b>		22c. DATE SIGNED <b>4-21-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>4/21/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Miriam</b>		23d. LOCATION (City, town, or county) (State) <b>Maryville, Missouri</b>	
24. FUNERAL DIRECTOR <b>Price Funeral Home, Maryville, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>4-21-60</b>		26. REGISTRAR'S SIGNATURE <b>Beasbalt</b>	

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 \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*John W. Price*

Licensed Embalmer No.

*4281*

P. O. Address

*Maryville*

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.