

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037479

FILED VS. OCT 19 1960

Registration District No. 37 Primary Registration District No. 4049 Registrar's No. 40

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BOONE				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Centralia		Length of stay in 1b 4 days		c. CITY OR TOWN STURGEON MISSOURI		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Campbell Nursing Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) RFD 2		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First John Middle JOSEPH Last McGurk				4. DATE OF DEATH Month Oct. Day 13, Year 1960				
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Oct. 22, 1878	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Leadgate, England		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME PETER MCGURK			13b. MOTHER'S MAIDEN NAME JANE CURLEY		14. NAME OF HUSBAND OR WIFE WIDOW			
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. 372-01-9548		17. INFORMANT Address Mrs. Mildred Campbell, Centralia				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Circulatory Failure DUE TO (b) Decompensated Cardiac Disease DUE TO (c) Arteriosclerosis 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						INTERVAL BETWEEN ONSET AND DEATH Minutes Months Year.		
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 Month, Day, Year 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 Oct 5 1960 to Oct 13, 1960 and last saw him alive on Oct 13, 1960 Death occurred at 6:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Henry J. Stewart D.O.				22b. ADDRESS Sturgeon, Mo		22c. DATE SIGNED 10-14-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE OCT. 15, 1960	23c. NAME OF CEMETERY OR CREMATORY ST. MARY'S		23d. LOCATION (City, town, or county) MOBERLY MISSOURI		(State)	
24. FUNERAL DIRECTOR ADDRESS MAHAN FUNERAL SERVICE MOBERLY, MO				25. DATE RECD. BY LOCAL REG. Oct 13, 1960		26. REGISTRAR'S SIGNATURE Maud M^{rs} Bride		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 6 T 100

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 Richard A. Norton

Licensed Embalmer No. 5029

P. O. Address Mt. View, N.J.

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.