SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-021735
STATE FILE NUMBER

AMENDED

Registration District No. 166 Primary Registration District No. 56 a 3 Registrar's No. 15

FILED JUN 27 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Grover Tws. — Length of stay in 1b: 5 Weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: RFD #1 Knob Noster Mo. — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Colorado COUNTY: Mesa
c. CITY OR TOWN: Grand Junction — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Nora Middle: Olive Last: Jorgenson
4. DATE OF DEATH: Month: June Day: 23 Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9-2-80
9. AGE (last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): Wilson Kansas
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Walker Weaver
13b. MOTHER'S MAIDEN NAME: Unkown
14. NAME OF HUSBAND OR WIFE: Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Fred Lupton, RFD 1 Knobnoster, Mo — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Infarction, Myocardial — One hour

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Thrombosis, Coronary Artery

DUE TO (c): Arteriosclerotic Cardio Vascular disease

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 6-23-61, to 6-23-61 and last saw her/him alive on 6-23-61.
Death occurred at 5:35 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Seth D. Jones (Degree or title): M.D.
22b. ADDRESS: Warrensburg, Missouri
22c. DATE SIGNED: 6-23-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 6-23-61
23c. NAME OF CEMETERY OR CREMATORY: Grand Junction
23d. LOCATION (City, town, or county) (State): Grand Junction, Coloredo

24. FUNERAL DIRECTOR ADDRESS: Sweeney Phillips, Warrensburg, Mo.
25. DATE RECD. BY LOCAL REG.: June 23, 1961
26. REGISTRAR'S SIGNATURE: Erma L. Beatty by W. Raymond Baker, Dep.

(Licensed Embalmer's Statement on Reverse Side)

JUN 27 1961

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_____ Signed J. Earl Priest

Signature of Student Embalmer

Licensed Embalmer No. 3878

P. O. Address Warrensburg, Mis

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.