MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

On C.d. #62-018676

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 879

FILED JUN 11 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: SPRINGFIELD — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): BURGE HOSPITAL — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE
b. COUNTY: GREENE
c. CITY OR TOWN: SPRINGFIELD — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1315 N. ROBBERSON — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First GEORGE Middle HENRY Last JURY

4. DATE OF DEATH: Month JUNE Day 2, Year 1962

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married [XX] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 7-17-1891
9. AGE (last birthday): 70 — 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): Ret. Railroad Superintendent
10b. KIND OF BUSINESS OR INDUSTRY: Frisco R.R.
11. BIRTHPLACE (City and state or country): Kansas
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: WILBER JURY
13b. MOTHER'S MAIDEN NAME: ELIZABETH VARBLE
14. NAME OF HUSBAND OR WIFE: MYRTLE CLARA JURY

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.
17. INFORMANT: MYRTLE JURY — Address: SPRINGFIELD, MISSOURI

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Brain Tumor (undetermined type) — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral Arteriosclerosis — 3 yrs
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. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
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 1-24-62, to 6-2-62 and last saw ~~her~~ him alive on 6-1-62
Death occurred at 9:45 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M.D.
22b. ADDRESS: SPRINGFIELD
22c. DATE SIGNED: 6-4-62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 6-5-62
23c. NAME OF CEMETERY OR CREMATORY: HAZELWOOD CEMETERY
23d. LOCATION (City, town, or county) (State): SPRINGFIELD, Mo

24. FUNERAL DIRECTOR: KLINGNER MORTUARY, INC. — ADDRESS: SPRINGFIELD
25. DATE RECD. BY LOCAL REG.: 6-6-62
26. REGISTRAR'S SIGNATURE: Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

JUL 12 1962

JUN 14 1962

Permit issued 6-5-62

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 John Klingner Jr

Licensed Embalmer No. 5102

P. O. Address Springfield

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.