MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035313
STATE FILE NUMBER

Registration District No. 171 Primary Registration District No. 5638 Registrar's No. 29

FILED SEP 25 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0540		
2	0540		
3			
4	0		
5	2		
6			
7	1		
8	2		
9	570.5		
10			
11			
12	90-0		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY: Lafayette
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Bates City — Length of stay in 1b: 22 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Rudolph Jurgeson — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Mo b. COUNTY: Lafayette
c. CITY OR TOWN: Bates City — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R.F.D. — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Rudolph Middle: Last: Jurgeson
4. DATE OF DEATH Month: 9 Day: 22 Year: 62
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9-24-86
9. AGE (Last birthday): 75 — 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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Laborer
11. BIRTHPLACE (City and state or country): West Point Neb.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Nicholas Jurgeson
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Elfrieda Jurgeson
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.: Unknown
17. INFORMANT: Mrs. W. H. Burkhart Address: Bates City Mo

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): Shock — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Intestinal obstruction — 12 hrs
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 ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Nether
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 Sept. 22 1962 to Sept 22 1962 and last saw ~~her~~ him alive on Sept 22 1962
Death occurred at 4:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [illegible] MD (Degree or title)
22b. ADDRESS: Cole Camp Mo
22c. DATE SIGNED: 9-22-62

23a. BURIAL, CREMATION, REMOVAL (Specify): removed
23b. DATE: Sept 25, 1962
23c. NAME OF CEMETERY OR CREMATORY: Flora) Hills Cemetery
23d. LOCATION (City, town, or county) (State): Gregory Blue Ridge K.C. Mo

24. FUNERAL DIRECTOR: Floral Hills ADDRESS: Kansas City, Mo
25. DATE RECD. BY LOCAL REG.: Sept. 22, 1962
26. REGISTRAR'S SIGNATURE: Emma Davidson

(Licensed Embalmer's Statement on Reverse Side)

SEP 28 1962

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 C. M. Joiner

Signature of Student Embalmer

Licensed Embalmer No. 3453

P. O. Address K. C. Kan.

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.