

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED DEC 28 1965

1. PLACE OF DEATH

a. COUNTY

Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)

Windsor

Length of stay in 1b

1 year

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

Rest Heaven Nurs. Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

admission)

c. CITY

OR

TOWN

Lees Summit

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

707 S. Douglass

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First
Jessie

Middle

Ball

Last

Gowans

4. DATE

OF

DEATH

December 21 1965

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

2/14/91

9. AGE (last birthday)

74

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Teacher

Music - piano

Centerview, Mo.

U.S.A.

13a. FATHER'S NAME

S. O. Ball

13b. MOTHER'S MAIDEN NAME

Zua Gunsaulis

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.

489-42-7306

17. INFORMANT

Mary Stacy, 707 S. Douglass, Lees Summit, Mo.

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 Cardiac-Respiratory Collapse

INTERVAL BETWEEN ONSET AND DEATH

25 min.

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

DUE TO (b)

Cerebral Vascular Accident

25 min.

DUE TO (c)

General Arteriosclerosis

4-5 yrs.

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.

Month, Day, Year

p.m.

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

11-23-64 to

12-21-65

and last saw her alive on 12-21-65

Death occurred at

2:25 p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Claude M. Shurbs, M.D.

22b. ADDRESS

Windsor, Mo.

22c. DATE SIGNED

12-21-65

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

12/23/65

23c. NAME OF CEMETERY OR CREMATORY

Centerview Cemetery

23d. LOCATION (City, town, or county)

Centerview, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Sweeney-Phillips, Warrensburg, Mo.

25. DATE RECD. BY LOCAL REG.

12-23-65

26. REGISTRAR'S SIGNATURE

Mildred Bigame

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

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