

FILED OCT 15 1951

STANDARD CERTIFICATE OF DEATH

State File No. 33274

33274

847-B

396

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 847-B	
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Webster			
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) SEYMOUR, RURAL, 1120		d. STREET ADDRESS (If rural, give location) R#2	
d. FULL NAME OF HOSPITAL OR INSTITUTION ZARK OSTEOPATHIC HOSPITAL							
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Edward c. (Last) Jurner			4. DATE OF DEATH (Month) (Day) (Year) 10 3 51				
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 9, 1882	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 3 Days 24	IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (State or foreign country) Harrison, Arkansas		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME George Jurner		13b. MOTHER'S MAIDEN NAME Tennessee		14. NAME OF HUSBAND OR WIFE Millie Jurner			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE AND ADDRESS Otis Jurner Seymour Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory failure					INTERVAL BETWEEN ONSET AND DEATH	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary thrombosis						
	DUE TO (c) arteriosclerosis						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct 2, 1951 , to Oct 3, 1951 , that I last saw the deceased alive on Oct 3, 1951 , and that death occurred at 5:00 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Richard E. Webster M.D.				23b. ADDRESS Springfield Mo.		23c. DATE SIGNED 10/3/51	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 10-5-51	24c. NAME OF CEMETERY OR CREMATORIUM Way		24d. LOCATION (City, town, or county) (State) WEBSTER Co Mo			
DATE REC'D BY LOCAL REG. 10-5-51		REGISTRAR'S SIGNATURE W. E. Standley M.D.		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Robert B. Seymour Seymour Mo			

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed W H Kelley

Licensed Embalmer No. 3334

P. O. Address Fordland, Mo

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 this body is not embalmed, fact should be so stated above.