

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **9156**

FILED MAR 16 1953

BIRTH NO. _____ REG. DIST. NO. **70** PRIMARY REG. DIST. NO. **5278** Registrar's No. **22**

1. PLACE OF DEATH a. COUNTY Clark				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clark					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jackson Twp.		c. LENGTH OF STAY (In this place) 69		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural 0230		d. STREET ADDRESS (If rural, give location) Jackson Twp.			
3. NAME OF DECEASED (Type or Print) a. (First) Jeremiah Walls b. (Middle) Shurgeon c. (Last) Shurgeon			4. DATE OF DEATH (Month) (Day) (Year) 3-8-1953						
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 3-23-1883	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR	IF UNDER 24 HRS.			
			Months	Days	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 Stock Raising		11. BIRTHPLACE (City and State or Foreign Country) Clark Co. Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME James W. Shurgeon		13b. MOTHER'S MAIDEN NAME Margaret Friend		14. NAME OF HUSBAND OR WIFE never married					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no		16. SOCIAL SECURITY NO. 1		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elmer Shurgeon Williamstown 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion									
ANTECEDENT CAUSES				DUE TO (b) _____					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____					
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 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)		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 Feb 26, 1953 , to Mar 5, 1953 , that I last saw the deceased alive on Mar 6, 1953 , and that death occurred at 9:00 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Dr. C. A. Tadd D.O.				23b. ADDRESS Williamstown Mo.		23c. DATE SIGNED 3/13/53			
24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE 3-11-53	24c. NAME OF CEMETERY, OR CREMATORY Grain Hill Cemetery		24d. LOCATION (City, town, or county) (State) Lewis & Clark, Missouri				
DATE REC'D BY LOCAL REG. 3/14-53		REGISTRAR'S SIGNATURE Al Brinson 61-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fred Charles Kahoto Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

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 Fred J. Karle.....

Licensed Embalmer No. 1023.....

P. O. Address Kahoka 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.