

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039741

STATE FILE NUMBER

FILED DEC 1 1958

Registration District No. 140

Primary Registration District No. 3024

Registrar's No. 108

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Howard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Howard</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Fayette</b> TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Fayette</b> 04510 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lee Hospital</b>		Length of stay in 1b <b>3 days</b>	d. STREET ADDRESS (If outside, give location) <b>W. Davis St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Jessie Myrtle Wurth</b>			4. DATE OF DEATH Month Day Year <b>Nov. 14, 1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Mar. 16, 1890</b>
9. AGE (In years last birthday) <b>68</b>		IF UNDER 1 YEAR Months <b>7</b> Days <b>28</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and state or country) <b>Bunker Hill, Ill.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>John D. Williams</b>	
13b. MOTHER'S MAIDEN NAME <b>Josephine Riggin</b>		14. NAME OF HUSBAND OR WIFE <b>Henry Michel Wurth</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>338-20-2510</b>	17. INFORMANT Address <b>Mrs Raymond Sands Fayette, Mo</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral vascular disease</b> DUE TO (b) <b>Cerebral hemorrhage - Hypertension</b> DUE TO (c) <b>"</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>331X</b>			INTERVAL BETWEEN ONSET AND DEATH <b>7 years.</b> <b>5 mos.</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 <b>Mar. 12-1955</b> to <b>Nov 14-58</b> and last saw <sup>her</sup> <del>him</del> alive on <b>Nov-13-1958</b> Death occurred <b>ht</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Wm J Shaw</b> (Degree or title) <b>M.D. 0</b>		22b. ADDRESS <b>Fayette Mo.</b>	22c. DATE SIGNED <b>11-15-58</b>
23a. BURIAL, CREMATION, Removal (Specify)	23b. DATE <b>11/16/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mayefield Memorial Cem</b>	23d. LOCATION (City, town, or county) (State) <b>Gillespie, Ill.</b>
24. FUNERAL DIRECTOR <b>Ralph W Carr</b> ADDRESS <b>Fayette, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>11-15-58</b>	26. REGISTRAR'S SIGNATURE <b>Mary L. Shell</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MAY 8 1959

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 *Ralph A. Carr* .....

Licensed Embalmer No. *3340* .....

P. O. Address *Fayette, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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