

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-023576

FILED VS JUN 22 1960

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 305 STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Joplin</u>		Length of stay in lb <u>60 yrs</u>		c. CITY OR TOWN <u>Joplin</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>629 1/2 Main Street</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>629 1/2 Main Street,</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>MYRTLE</u> Middle <u>M.</u> Last <u>FURGERSON</u>				4. DATE OF DEATH Month <u>June</u> Day <u>7</u> Year <u>1960</u>									
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>10-27-1887</u>		9. AGE (last birthday) <u>72</u>		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) <u>Rooming house operator</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Room Rentals</u>		11. BIRTHPLACE (City and state or country) <u>Carthage, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>					
13a. FATHER'S NAME <u>John E. Turner</u>				13b. MOTHER'S MAIDEN NAME <u>Amanda Secrest</u>				14. NAME OF HUSBAND OR WIFE <u>Clyde Furgerson</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u> <u>None</u>				16. SOCIAL SECURITY NO. <u>495-36-3893</u>		17. INFORMANT Address <u>Mrs. Pearl Crawford, 2111 Brownell, Joplin, Missouri</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a)													
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		<u>Cardiac Decompensation</u>						<u>2 day</u>			
		DUE TO (c)		<u>Cardiac Degeneration</u>						<u>10 yrs</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>ventral hernia</u>										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 _____ a.m. _____ p.m. _____		Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>Nov - 57</u> to <u>June 6 - 60</u> and last saw her/him alive on <u>June - 6 - 60</u> Death occurred at <u>12:30 A. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>J. J. Johnson M.D.</u> (Degree or title)						22b. ADDRESS <u>Frisco Bldg</u>			22c. DATE SIGNED <u>6-10-60</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>June 9, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>			23d. LOCATION (City, town, or county) <u>Galena Kansas</u> (State)						
24. FUNERAL DIRECTOR <u>Thornhill-Dillon Mortuary, Joplin, Mo.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>6-16-1960</u>		26. REGISTRAR'S SIGNATURE <u>Doore Merriam</u>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.