

FILED MAR 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3969

State File No.

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

BIRTH NO. _____		REG. DIST. NO. <u>11</u>		PRIMARY REG. DIST. NO. <u>4023</u>		Registrar's No. <u>9</u>			
1. PLACE OF DEATH a. COUNTY Barry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Exeter		c. LENGTH OF STAY (In this place) 65yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Exeter					
d. FULL NAME OF HOSPITAL OR INSTITUTION Exeter				d. STREET ADDRESS (If rural, give location) Gen. Del.					
3. NAME OF DECEASED (Type or Print) a. (First) Cornelius			b. (Middle) Monroe		c. (Last) GURLEY		4. DATE OF DEATH (Month) (Day) (Year) Feb. 5, 1949		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 4, 1879		9. AGE (In years last birthday) 69 IF UNDER 1 YEAR: Months - Days - Hours - Min. -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Newton Gurley			13b. MOTHER'S MAIDEN NAME Eliza Cook			14. NAME OF DECEASED'S WIFE Lillis Gurley			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lillis Gurley; Exeter, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) aortic stenosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4/2/11						INTERVAL BETWEEN ONSET AND DEATH 12 hrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) (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 <u>Feb. 5</u> , 1949, to <u>Feb. 5</u> , 1949, that I last saw the deceased alive on <u>Feb. 5</u> , 1949, and that death occurred at <u>5:30</u> m., from the causes and on the date stated above.									
23a. SIGNATURE Glenora H. Salton m. d.				(Degree or title) 11		23b. ADDRESS Cassville, Missouri		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 7, 1949		24c. NAME OF CEMETERY OR CREMATORY Maplewood Cemetery		24d. LOCATION (City, town, or county) (State) Exeter, Missouri			
DATE REC'D BY LOCAL REG. Feb 12-1949		REGISTRAR'S SIGNATURE Grace Williams			25. FUNERAL DIRECTOR'S SIGNATURE W. C. Koon		ADDRESS Koon Funeral Home, Cassville, Mo.		

RECEIVED

District Health Officer No. 6,

District File Number 249-185-

Date Filed 2-28-49

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.....

J. C. Canada
Licensed Embalmer No. 4196

P. O. Address Cassville, 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.