

FILED FEB 11 1949

STANDARD CERTIFICATE OF DEATH

State File No. 712a

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

BIRTH NO. _____		REG. DIST. NO. <u>82</u>		PRIMARY REG. DIST. NO. <u>3017</u>		Registrar's No. <u>14</u>			
1. PLACE OF DEATH a. COUNTY <u>Cooper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Cooper</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Burnsville</u>		c. LENGTH OF STAY (In this place) <u>7 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Burnsville</u>		d. STREET ADDRESS (If rural, give location)			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) <u>MARTHA</u>			a. (First)		b. (Middle)		c. (Last) <u>HURT</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 25 1949</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>2-26-1878</u>	
9. AGE (In years last birthday) _____		IF UNDER 1 YEAR _____		IF UNDER 1 YEAR _____		IF UNDER 1 YEAR _____		IF UNDER 1 YEAR _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>H. B. MORRIS</u>			13b. MOTHER'S MAIDEN NAME <u>Judy Ann Davis</u>			14. NAME OF HUSBAND OR WIFE <u>James A. Hurt</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____			16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME <u>James A. Hurt</u> ADDRESS <u>Burnsville Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Intestinal Neoplasm</u>				INTERVAL BETWEEN ONSET AND DEATH <u>(?)</u>	
				ANTECEDENT CAUSES Morbid 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. <u>590</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						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) _____		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>Jan 15, 1949</u> , to <u>Jan 25, 1949</u> , that I last saw the deceased alive on <u>Jan 24, 1949</u> , and that death occurred at <u>8:00 AM</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>M. S. DeGraege M.D.</u>				23b. ADDRESS <u>Burnsville Mo</u>			23c. DATE SIGNED <u>1/26/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-27-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Diagoh MO</u>		24d. LOCATION (City, town, or county) (State) <u>Cooper County MO</u>			
DATE REC'D BY LOCAL REG. <u>Jan 29-49</u>		REGISTRAR'S SIGNATURE <u>W. Hooper</u>		381		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. G. Parker</u> ADDRESS <u>Burnsville</u>			

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-20-49

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 myself

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed [Signature]

Licensed Embalmer No. 2547

P. O. Address Burnetts 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.