

FILED MAR 26 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8194

State File No. ....

4489

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4204 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Holt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oregon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Forest City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u>		b. (Middle) <u>Adolph</u>	
c. (Last) <u>Hurst</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 16 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>December 26 1860</u>
9. AGE (In years last birthday) <u>88</u>		10. MONTHS	11. DAYS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, if required) <u>Retired Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Washington Courthouse, Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Carl Hurst</u>		13b. MOTHER'S MAIDEN NAME <u>Amelia Schoetz</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Teresia Reed</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		ADDRESS <u>Forest City, Mo</u>	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile Dementia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		2. ANTECEDENT CAUSES DUE TO (b) <u>Senility</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7947</u>	
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) (m.)		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>Oct 1</u> , 19 <u>48</u> to <u>Mar 15</u> , 19 <u>49</u> that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:00 A</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>John A. Peaslee, Jr. D.O.</u>		23b. ADDRESS <u>Oregon Mo</u>	
23c. DATE SIGNED <u>3-17-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Mar. 18, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest City, Mo.</u>	
24d. LOCATION (City, town, or county) (State) <u>Forest City, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James H. Pettigrew</u>	
25. ADDRESS <u>Oregon Mo</u>		DATE REC'D BY LOCAL REG. <u>3-18-49</u>	
REGISTRAR'S SIGNATURE <u>J. C. Gray</u>		122	

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.....

*James H. Pettigrew*

Licensed Embalmer No. 3192

P. O. Address Oregon 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.