

FILED MAR 24 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9289

69 00

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

BIRTH NO. <del>227</del>		REG. DIST. NO. 227		PRIMARY REG. DIST. NO. 5807		Registrar's No. 5	
1. PLACE OF DEATH a. COUNTY <u>Monroe</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Union</u>		c. LENGTH OF STAY (In this place) <u>3 hours</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Union</u>		d. STREET ADDRESS (If rural, give location) <u>RFD #3 Clark A</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pat. Dr. Madison</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>LUTHER</u> b. (Middle) <u>ALLEN</u> c. (Last) <u>HURT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March-14-1949</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Jan-28-1865</u>		9. AGE (In years last birthday)	10. MONTHS	11. DAYS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer (Retired)</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Mason Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Levton J. Hurt</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Haroldean</u>		14. NAME OF HUSBAND OR WIFE <u>Sarah E. Hurt</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or Unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John P. Hurt</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Angina Pectoris</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>11/20</u>				INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>300P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. C. Turner D.D.</u>				23b. ADDRESS <u>Madison, Mo.</u>		23c. DATE SIGNED <u>3/17/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>March-17-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Callow Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Callow Mo.</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <u>205</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Snow Funeral Home Moberly Mo.</u>			
				ADDRESS			

MAY 10 1949

RECEIVED

District Health Officer No. 13

District File Number 3-49-56

Date Filed MAR 22 1949

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.

Signed R. M. Cater

Signed.....  
Student Embalmer

Licensed Embalmer No. 4117

P. O. Address Moberly 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.