No. 300
10-48

FILED MAY 31 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16754

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 122

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

1. PLACE OF DEATH
a. COUNTY: Nodaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maryville
c. LENGTH OF STAY (in this place): 2 WK
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Atchison 3
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tarkio 2
d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): Clarance
c. (Last): Hurst

4. DATE OF DEATH (Month) May (Day) 7 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Feb-26th-1878
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U S

13a. FATHER'S NAME: Henry P Hurst
13b. MOTHER'S MAIDEN NAME: Anna Hindman
14. NAME OF HUSBAND OR WIFE: Nyda Hurst

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Keith Hurst Tarkio Mo. ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Uremia	3 days
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Surgical Shock	5 days
DUE TO (c)	Carcinoma - Cecum	4-6 mos
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.		153X

19a. DATE OF OPERATION: 5-3-49
19b. MAJOR FINDINGS OF OPERATION: Carcinoma - Cecum
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-12, 1949, *to* 5-7, 1949, *that I last saw the deceased alive on* 5-7, 1949, *and that death occurred at* 1:48 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: G. Dempe (Degree or title): M.D.
23b. ADDRESS: Tarkio, Mo.
23c. DATE SIGNED: 5/13/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-11th-49
24c. NAME OF CEMETERY OR CREMATORY: Center Grove
24d. LOCATION (City, town, or county) (State): Westboro, Mo

DATE REC'D BY LOCAL REG.: 5-17-49
REGISTRAR'S SIGNATURE: Bess [illegible] 229
25. FUNERAL DIRECTOR'S SIGNATURE [illegible] ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

MAR 31 1951

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

A R Tucker #3 Student Embalmer No. ~~#9~~ 478

working under my personal supervision.

Student [signature] Student Embalmer

Signed [signature]

Licensed Embalmer No. 2359

P. O. Address Westboro, Missouri

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.