

FILED JUL 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23096

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>647</u>			
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Mt. Vernon</u> <u>55</u>		d. STREET ADDRESS (If rural, give location) <u>30</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Springfield Baptist Hospital</u>				3. NAME OF DECEASED (Type or Print) a. (First) <u>Mrs Lottie Lee Hurley</u> b. (Middle) _____ c. (Last) _____					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>3/21/1878</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>uniform</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home work</u>		11. BIRTHPLACE (State or foreign country) <u>Leban MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>			
13a. FATHER'S NAME <u>Robert Sedwick</u>		13b. MOTHER'S MAIDEN NAME <u>Frances</u>		14. NAME OF HUSBAND OR WIFE <u>Albert Hurley</u>		9. AGE (In years, if under 1 year last birthday) <u>71</u> <u>3</u> <u>19</u> <u>1</u>			
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>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ruth Francis Lane Tulsa OK</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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes mellitus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetic acidosis and</u> DUE TO (c) <u>Uremia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH <u>260X</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) _____ 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>15 July</u> , 19 <u>49</u> , to <u>20 July</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>20 July</u> , 19 <u>49</u> , and that death occurred at <u>3 30</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Stanley Peterson MD</u>				23b. ADDRESS <u>Holland Bldg Springfield Mo</u>		23c. DATE SIGNED <u>23 July 49</u>			
24a. BURIAL (Specify) _____		24b. DATE <u>July 23</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LOO 7</u>		24d. LOCATION (City, town, or county) (State) <u>Mt Vernon Mo</u>			
DATE REC'D BY LOCAL REG <u>7-22-49</u>		REGISTRAR'S SIGNATURE <u>W. Stanley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo B Orr</u>		ADDRESS <u>Mt Vernon Mo</u>			

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

1949 AUG 3

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.....

Geo B Orr

Signed.....

Student Embalmer

Licensed Embalmer No.

946

P. O. Address.....

Mr. Vermont

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.