

FILED SEP 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **30880**

No. 300

10-48

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BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5630 Registrar's No. 148

1. PLACE OF DEATH a. COUNTY <u>Woolde</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Woolde</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Lebanon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Lebanon Twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lebanon Rt. 2.</u>		d. STREET ADDRESS (If rural, give location) <u>Lebanon Rt 2.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>E.</u> c. (Last) <u>Hurt</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 10 1949</u>	
5. SEX <u>WF</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug 27 1858</u>
9. AGE (In years last birthday) <u>91</u>		10. MONTHS <u>0</u>	11. DAYS <u>14</u>
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 <u>At home</u>	11. BIRTHPLACE (State or foreign country) <u>Iowa</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Samuel Reardon</u>	
13b. MOTHER'S MAIDEN NAME <u>Cecelia Moore</u>		14. NAME OF HUSBAND OR WIFE <u>Geo. 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.	
17. INFORMANT'S SIGNATURE OR NAME <u>G. B. Hurt</u>		ADDRESS <u>Aurora 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Stroke</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Secularity & hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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) (Min.)	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>Sept. 3, 1949</u> , to <u>Sept. 10, 1949</u> , that I last saw the deceased alive on <u>9-6</u> , 1949, and that death occurred at <u>9:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. C. Carrington, M.D.</u>		23b. ADDRESS <u>Lebanon Mo.</u>	23c. DATE SIGNED <u>9-10-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/12/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lebanon MO.</u>
DATE REC'D BY LOCAL REG. <u>9-12-1949</u>	REGISTRAR'S SIGNATURE <u>W. C. Carrington</u>	424 FURNERAL DIRECTOR'S SIGNATURE <u>Palmer's</u>	ADDRESS <u>Lebanon, MO.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

Received ^{SF} 17 1949
LaSalle County Health Unit
File No. 9-49-121
Date Filed ^{SF} 17 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.

Student _____
Student Embalmer

Signed Emmett E. Everett

Licensed Embalmer No. 4748

P. O. Address Lebanon, 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.