

FILED SEP 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31336

State File No.

86
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <u>5921</u>		Registrar's No. <u>395</u>	
1. PLACE OF DEATH a. COUNTY <u>PETTIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Johnson</u>			
b. CITY OR TOWN <u>Rural Blackwater</u>		c. LENGTH OF STAY (in this place) <u>1 Day</u>		c. CITY OR TOWN <u>Rural Chil</u>		59 TUMS	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>North Edge of Blackwater Twp.</u>				d. STREET ADDRESS (If rural, give location) <u>S.E. of Chilhowee</u>			
3. NAME OF DECEASED (Type or Name) a. (First) <u>Wm Penn Roy</u>		b. (Middle) _____		c. (Last) <u>HURD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 5 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Aug-7-1882</u>	
9. AGE (In years last birthday) <u>67</u>		10. UNDER 1 YEAR Months <u>28</u>		11. BIRTHPLACE (State or foreign country) <u>PELLY TOWNSHIP, U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TILLER of Soil</u>		11. BIRTHPLACE (State or foreign country) <u>PELLY TOWNSHIP, U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>J. W. HURD</u>		13b. MOTHER'S MAIDEN NAME <u>ISABEL DEMOSS</u>		14. NAME OF HUSBAND OR WIFE <u>EUNICE HURD</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Hurd Sweet Springs</u> ADDRESS <u>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>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbidity 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.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. D. Brady M.D.</u> (Degree or title)				23b. ADDRESS <u>Concordia, Mo</u>		23c. DATE SIGNED <u>9/6/49</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Sept. 7. 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>SWEET SPRINGS, MO</u>	
DATE REC'D BY LOCAL REG. <u>9-7-49</u>		REGISTRAR'S SIGNATURE <u>Betty Yeager Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>P. C. CARTER</u> ADDRESS <u>SWEET SPRINGS, MO</u>			

RECEIVED SEP 12
District Health Officer No. 8,
District File Number _____
Date Filed 9-21-49

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 _____

Licensed Embalmer No. 7573

P. O. Address Shelby 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.