S. No. 300
v. 10.48

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FILED APR 24 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 12006

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 472

**1. PLACE OF DEATH**
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (In this place): 60 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 601 Kentucky (Waggoner Nursing Home)

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 0117
d. STREET ADDRESS (If rural, give location): 44 East Valley

**3. NAME OF DECEASED** (Type or Print)
a. (First): Lillian
b. (Middle): Olive
c. (Last): Hurst

**4. DATE OF DEATH** (Month) (Day) (Year): April 15, 1950

**5. SEX**: female
**6. COLOR OR RACE**: white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): married
**8. DATE OF BIRTH**: April 11, 1872
**9. AGE** (In years last birthday): 78 — If under 1 year: Months 0, Days 4 — If under 24 hrs.: Hours, Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): house wife
**10b. KIND OF BUSINESS OR INDUSTRY**: own home
**11. BIRTHPLACE** (State or foreign country): Andrew County, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: USA
**13a. FATHER'S NAME**: Thomas Mann
**13b. MOTHER'S MAIDEN NAME**: Olive Kersey
**14. NAME OF HUSBAND OR WIFE**: Jesse Seymore Hurst
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no — (If yes, give war or dates of service): none
**16. SOCIAL SECURITY NO.**: none
**17. INFORMANT'S SIGNATURE OR NAME — ADDRESS**: Jesse S. Hurst, St. Joseph, Mo.

**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**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Rectum — INTERVAL BETWEEN ONSET AND DEATH: June 1949

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Indigestion — to
DUE TO (c) — Death

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Anemia — 154X

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**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* Sept. 1936, *to* 4/15 1950, *that I last saw the deceased alive on* 4/2 1950, *and that death occurred at* 11:15P *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): E. L. Shackelford D.O.S.
**23b. ADDRESS**: 806 Francis St. Joseph
**23c. DATE SIGNED**: 4/17/50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 4/18/50
**24c. NAME OF CEMETERY OR CREMATORY**: Memorial Park
**24d. LOCATION** (City, town, or county) (State): St. Joseph, Missouri

DATE REC'D BY LOCAL REG.: April 20, 1950
REGISTRAR'S SIGNATURE: H. C. Jenkins 382
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Keeton-Bowman Funeral Home, St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

No. E. H. Shackelford
801½ Francis

## 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 William Spalding

Signed .....
Student Embalmer

Licensed Embalmer No. 4535

P. O. Address 319 S. 11th, St Joseph, 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.