

FILED MAY 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13640

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>172</u>		PRIMARY REG. DIST. NO. <u>4270</u>		Registrar's No. <u>35</u>	
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Dover</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Dover</u>		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No St. Number</u>				d. STREET ADDRESS (If rural, give location) <u>No St. Number</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>LAURA</u>		b. (Middle) <u>MAE</u>		c. (Last) <u>HURSMAN</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>April 1, 1950</u>		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>Dec. 30, 1979</u>		9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>1</u>		IF UNDER 24 HRS. Hours <u>1</u> Min. <u></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		11. BIRTHPLACE (State or foreign country) <u>Milan, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>J. Hue Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Dugan</u>		14. NAME OF HUSBAND OR WIFE <u>Andrew Hursman</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 ADDRESS <u>James R. Hursman Dover, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>--</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic nephritis</u>				<u>B31X</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>--</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>--</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>--</u>		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>3/29</u> , 19 <u>50</u> , to <u>4/1</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4/1/50</u> , 19 <u>50</u> , and that death occurred at <u>4:00 P.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ben H. Brasler M.D.</u>				23b. ADDRESS <u>Lexington, Mo.</u>		23c. DATE SIGNED <u>4/2/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/3/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dover</u>		24d. LOCATION (City, town, or county) (State) <u>Dover, Mo.</u>	
DATE REC'D BY LOCAL REG <u>April 28, 1950</u>		REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u>		FUNERAL DIRECTOR'S SIGNATURE <u>James T. Lenzel</u>		ADDRESS <u>Lee, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAY 3

District Health Officer No. 8,

District File Number .....

Date Filed 5/4/50 .....

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

*Geo W. Kean*

Licensed Embalmer No. 2983

P. O. Address

*Lexington, 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.