

FILED JUL 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21643

State File No. 5768
Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5768			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri			c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) Festus			6501		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri Baptist Hospital				d. STREET ADDRESS (If rural, give location) 406 Mill Street, 1					
3. NAME OF DECEASED (Type or Print) a. (First) George			b. (Middle) Everett		c. (Last) Hurley		4. DATE OF DEATH (Month) (Day) (Year) July 2, 1950		
5. SEX Male <input type="radio"/>		6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug 6, 1890		9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ass't Supt			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Festus, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Hurley			13b. MOTHER'S MAIDEN NAME Julia A. Smith			14. NAME OF HUSBAND OR WIFE Mary L. Hurley			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.#1			16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Mary Hurley - Festus, Missouri			ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction						3 days	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerotic Heart Disease						2 yrs.	
		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 None		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? H2A0					
22. I hereby certify that I attended the deceased from Nov 1949, to July 2, 1950, that I last saw the deceased alive on July 2, 1950, and that death occurred at 12 N. m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Richard W. Souer M.D.				23b. ADDRESS 3720 Washington St. Jno.		23c. DATE SIGNED 3 July 50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-5-50	24c. NAME OF CEMETERY OR CREMATORY Fair View		24d. LOCATION (City, town, or county) (State) Festus, Missouri.				
DATE REC'D BY LOCAL REG. JUL 3 1950		REGISTRAR'S SIGNATURE J.B. Lester			25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe-4700 Washington Blvd				

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

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 Me

working under my personal supervision.

Student Embalmer No.....

Signed W. Wilkins

Signed.....
Student Embalmer

Licensed Embalmer No. 3575

P. O. Address St Louis 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.