

FILED SEP 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29306

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5011 Registrar's No. 448

1. PLACE OF DEATH a. COUNTY <u>Andrew</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>mi. N.E. Fillmore</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>mi. N.E. Fillmore</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RURAL</u>		d. STREET ADDRESS (If rural, give location) <u>RURAL</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rachel</u> b. (Middle) _____ c. (Last) <u>Hurst</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-10-1950</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8-10-1891</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR: Months _____ Days _____	IF UNDER 1 MRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>CANTON S. DAK.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Charles Bauer</u>	13b. MOTHER'S MAIDEN NAME <u>Markuedt</u>	14. NAME OF HUSBAND OR WIFE <u>Nobel Hurst</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Nobel Hurst</u>	ADDRESS <u>Fillmore Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 day</u> <u>no facts</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		
	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"/>
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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) _____
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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? _____
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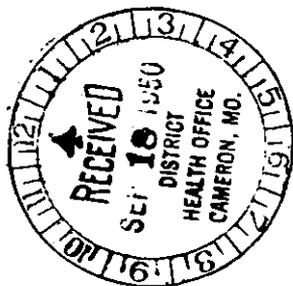
22. I hereby certify that I attended the deceased from Sept 15, 1950, to Sept 10, 1950, that I last saw the deceased alive on Sept 10, 1950, and that death occurred at 11:20 AM, from the causes and on the date stated above.

23a. SIGNATURE (Signed or title) <u>M. R. Holliday MD</u>	23b. ADDRESS <u>Fillmore Mo</u>	23c. DATE SIGNED <u>9-11-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-12-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SAVANNAH</u>	24d. LOCATION (City, town, or county) (State) <u>SAVANNAH MO</u>
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DATE REC'D BY LOCAL REG. <u>9-12-50</u>	REGISTRAR'S SIGNATURE <u>Lillian Sparks</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Breit Funeral Home Savannah</u>	ADDRESS _____
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

E. C. Breit

Signed _____
Student Embalmer

Licensed Embalmer No. *2650*

P. O. Address *SAVANNAH 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.