

FILED OCT 23 1950

STANDARD CERTIFICATE OF DEATH

State File No. 34285

BIRTH NO. _____		REG. DIST. NO. <u>254</u>		PRIMARY REG. DIST. NO. <u>4386</u>		Registrar's No. <u>39</u>			
1. PLACE OF DEATH a. COUNTY <u>Oregon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Oregon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Thayer</u>		c. LENGTH OF STAY (in this place) <u>33 Yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Thayer</u>		0752			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print)			a. (First) <u>JAMES</u>		b. (Middle) <u>ALF ORD</u>		c. (Last) <u>HURTT</u>		
4. DATE OF DEATH		(Month) <u>SEPT.</u>		(Day) <u>15</u>		(Year) <u>1950</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>April 8, 1879</u>		9. AGE (In years last birthday) <u>71</u>	10. IF UNDER 1 YEAR Months <u>5</u>	11. IF UNDER 1 MTH. Days <u>7</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		11. BIRTHPLACE (State or foreign country) <u>Wright Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Isaac Hurtt</u>			13b. MOTHER'S MAIDEN NAME <u>Betsy Ann Owens</u>			14. NAME OF HUSBAND OR WIFE <u>Annis Hurtt</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 <u>Roy Hurtt</u>			ADDRESS <u>Mammoth Spring, Ark</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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Cholesterolemia</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u>	
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 <u>Sept 14, 1950</u> , to <u>Sept 15, 1950</u> , that I last saw the deceased alive on <u>Sept 15, 1950</u> , and that death occurred at <u>8:00 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Wm. W. Crass M.D.</u>				23b. ADDRESS <u>Thayer, Mo.</u>			23c. DATE SIGNED <u>9-25-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 17, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Riverside Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mammoth Spring, Ark.</u>			
DATE REC'D BY LOCAL REG. <u>Oct 14-50</u>		REGISTRAR'S SIGNATURE <u>Ella Crass</u>		416		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard Carter</u>			
						ADDRESS <u>Thayer, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Signed.....
Student Embalmer No.....
Richard Carter

Licensed Embalmer No. *45-16*

P. O. Address. *Thayer, 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.

EH