

No. 300
10-48

FILED FEB 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3459

971
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 3021 Registrar's No. 117

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before institution). a. STATE <u>Mo</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Slater</u>		c. LENGTH OF STAY (In this place) <u>2 years</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salisbury 0970</u>		d. STREET ADDRESS (If rural, give location) <u>Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Benjamin</u> b. (Middle) <u>Hurt</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>January 31-51</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>1861</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Near Salisbury Mo</u>
13a. FATHER'S NAME <u>Thomas Hurt</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Guter</u>	14. NAME OF HUSBAND OR WIFE
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>Mrs. John Williams</u> ADDRESS <u>Slater Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES DUE TO (b) <u>Interstening nephrit</u> DUE TO (c) <u>Ca. prostate ?</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>177X</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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) (Minute) <u>None</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> WHILE AT HOME <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Spont</u>	
22. I hereby certify that I attended the deceased from <u>Jan 1 1950</u> to <u>Jan 31 1951</u> , that I last saw the deceased alive on <u>Jan 28 1951</u> , and that death occurred at <u>11:50 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>Slater Mo</u>	
23c. DATE SIGNED <u>Feb 1 51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>	24b. DATE <u>2-2-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Salisbury Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Salisbury Mo</u>
DATE REC'D BY LOCAL REG. <u>2/4/51</u>	REGISTRAR'S SIGNATURE <u>Mo. Earl C. Kelly</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James S. Salzer</u> ADDRESS <u>Slater Mo</u>	

RECEIVED

2/7/51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed *2/7/51*

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 _____
Student Embalmer

Signed

James E. Jones
3143
Slater

Licensed Embalmer No. _____

P. O. Address _____

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.