

FILED MAR 2 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

5271

State File No.

BIRTH NO. REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 413

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline</u> <u>0581</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis</u>		d. STREET ADDRESS (If rural, give location) <u>119 West Walker</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Marvin</u> b. (Middle) <u>L.</u> c. (Last) <u>Hurt</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 21, 1951</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>Nov. 20, 1884</u>	9. AGE (In years last birthday) <u>66</u> if UNDER 1 YEAR Months <u>3</u> Days <u>1</u> if UNDER 24 HRS. Hours <u></u> Min. <u></u>
--------------------	-------------------------------	---	---------------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>conductor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Santa Fe R.R.</u>	11. BIRTHPLACE (State or foreign country) <u>Linn County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	--	--

13a. FATHER'S NAME <u>John L. Hurt</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Switzer</u>	14. NAME OF HUSBAND OR WIFE <u>Ethel Hurt</u>
--	--	---

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. <u>708-16-5006</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ethel Hurt Marceline, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>
	II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) _____ DUE TO (c) _____		
	III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial Asthma Severe</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 Jan 21, 1951 to Jan 21, 1951, that I last saw the deceased alive on Jan 21, 1951, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>	23b. ADDRESS <u>Marceline, Mo</u>	23c. DATE SIGNED <u>2-23-51</u>
---	-----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-24-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Killard</u>	24d. LOCATION (City, town, or county) (State) <u>Marceline, Missouri</u>
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. <u>2/23/51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James M. [Signature] Marceline, Mo</u>
---	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

5581
50

MAR 10 1951

Date Received: MAR 1 1951
DISTRICT HEALTH OFFICE #2
District File Number 3-57-9
Date Filed: MAR 1 1951

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 George W. Davall

Licensed Embalmer No. 4799

P. O. Address Marietta, 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.