No. 300
10.48

FILED APR 27 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 11854

BIRTH NO. 27653 - 51 REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 6296 Registrar's No. 34

0160
1

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

**1. PLACE OF DEATH**
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Route 1 Burfordville
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): [illegible]

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cape Girardeau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burfordville 0160
d. STREET ADDRESS (If rural, give location): Route 1 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): Patricia
b. (Middle): Mae
c. (Last): Hurford

**4. DATE OF DEATH** (Month) (Day) (Year): April 13 1951

**5. SEX**: F 1
**6. COLOR OR RACE**: W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): 0
**8. DATE OF BIRTH**: April 9 1951
**9. AGE** (In years last birthday): IF UNDER 1 YEAR Months Days 4; IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired):
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): Burfordville, Mo. 0
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A

**13a. FATHER'S NAME**: Thomas H. Hurford
**13b. MOTHER'S MAIDEN NAME**: Reba H. Bloodworth
**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): No
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: Thomas H. Hurford
**ADDRESS**: Burfordville Mo

**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) Acute Hepatitis

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**: 7730
**20. AUTOPSY?** YES ☐ NO ☑

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* April 12, 1951, *to* April 13, 1951, *that I last saw the deceased alive on* April 13, 1951, *and that death occurred at* 7 A. m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): W W Davault MD
**23b. ADDRESS**: Delta Mo
**23c. DATE SIGNED**: April 16 '51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: April 14 1951
**24c. NAME OF CEMETERY OR CREMATORY**: McGinnes Cemetery
**24d. LOCATION** (City, town, or county): Mount Pleasant (State): Ill.

**DATE REC'D BY LOCAL REG.**: apr 17 51
**REGISTRAR'S SIGNATURE**: D. G. Sutton 430
**25. FUNERAL DIRECTOR'S SIGNATURE**: McConnels Furn Rand Co
**ADDRESS**: Jackson Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

APR 24 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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 Not Embalmed working under my personal supervision.

Student Embalmer No.....

Signed: B H Meyer

Signed:.....
Student Embalmer

Licensed Embalmer No. 3057

P. O. Address Jackson Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above. Not Embalmed