

FILED MAY 14 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1170 15410  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 6266 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <b>WEBSTER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>WEBSTER</b>				
b. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL High PRARIE</b>		c. LENGTH OF STAY (In this place) <b>35 yr</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL High PRARIE</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RT. SEYMORE MO.</b>		d. STREET ADDRESS (If rural, give location) <b>RT. SEYMORE MO.</b>				
3. NAME OF DECEASED (Type or Print) <b>CLEAVELAND ALLEN HURST</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 16, 1951</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>NOV. 30, 1878</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARM</b>		11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>		
10c. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>CALVIN HURST</b>		13b. MOTHER'S MAIDEN NAME <b>MARY CARPENTER</b>		
13c. NAME OF HUSBAND OR WIFE <b>ELBERTA RT. SEYMORE</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NO</b>		
17. INFORMANT'S SIGNATURE OR NAME <b>Elberta Hurst</b>		ADDRESS <b>Seymour Mo</b>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cholesteria</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>Prostatic Hypertrophy</b> DUE TO (c) <b>Infectious</b>			INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b> <b>10 days</b> <b>1 yr</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>610x</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 <b>Feb 10, 1951</b> , to <b>April 16, 1951</b> , that I last saw the deceased alive on <b>April 14, 1951</b> , and that death occurred at _____ m., from the causes and on the date stated above.						
23a. SIGNATURE <b>J. R. Hill</b>			23b. ADDRESS <b>J. R. Hill - Seymour</b>		23c. DATE SIGNED <b>4/16/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-18-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Liberty</b>		24d. LOCATION (City, town, or county) (State) <b>Webster MO.</b>	
DATE REC'D BY LOCAL REG. <b>4-30-51</b>		REGISTRAR'S SIGNATURE <b>J. R. Hill</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>BARBER BARTO MARSHFIELD</b>		

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

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED MAY 5 1951

Dist. File 557-929

Date Filed 5-8-51

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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 Lee Mason

Licensed Embalmer No. 456 P

P. O. Address Marshfield, 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.