

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22423**

FILED JUL 30 1951

BIRTH NO. _____ REG. DIST. NO. **67** PRIMARY REG. DIST. NO. **5260** Registrar's No. **13**

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Christian	
b. CITY (If outside corporate limits, write RURAL and give township) Chadwick		c. CITY (If outside corporate limits, write RURAL and give township) Chadwick	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) no street address	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home			

3. NAME OF DECEASED (Type or Print) a. (First) Daniel b. (Middle) Thomas c. (Last) Hursh			4. DATE OF DEATH (Month) (Day) (Year) June 12 1951		
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH March 17-1893		9. AGE (In years last birthday) 58		10. CITIZEN OF WHAT COUNTRY? U. S. A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Chadwick, Mo.	

13a. FATHER'S NAME Perry M. Hursh		13b. MOTHER'S MAIDEN NAME Ellen Coffey		14. NAME OF HUSBAND OR WIFE Etta Howe, Hursh	
---	--	--	--	--	--

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 ADDRESS Mrs. Etta Hursh, Chadwick, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis					
		DUE TO (c) Arteriosclerosis					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 **April 1-1951**, to **June 12 1951**, that I last saw the deceased alive on **June 11, 1951**, and that death occurred at **11:30 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. Warren Wilson		23b. ADDRESS Sparta Mo.		23c. DATE SIGNED 7-16-51	
---	--	-----------------------------------	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 17-1951		24c. NAME OF CEMETERY OR CREMATORY Chadwick Cemetery		24d. LOCATION (City, town, or county) (State) Chadwick Missouri	
--	--	----------------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. July 21, 1951		REGISTRAR'S SIGNATURE Walter Blevins		454		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John Lee Harris Clever, Mo.	
--	--	--	--	-----	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

7220

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

RECEIVED

JUL 25 1951

Dist File 251-1388

Date 7-26-51

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.

Student
Student Embalmer

Signed John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Cleves, 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.