

FILED AUG 4 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23094**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **2948**

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>	
c. LENGTH OF STAY (in this place) <b>27 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>3317 GILLHAM 2ND FLOOR SOUTH</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED a. (First) <b>MRS. CLAUDIA</b>		b. (Middle) <b>E.</b>	
c. (Last) <b>HURLEY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 12 1951</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>MARCH 29-1883</b>
9. AGE (In years last birthday) <b>68</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	
11. BIRTHPLACE (State or foreign country) <b>Lexington, Kentucky</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Coppage</b>		13b. MOTHER'S MAIDEN NAME <b>Jennie Darnaby</b>	
14. NAME OF HUSBAND <b>Paul C. Hurley, Sr.</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	
16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Paul C. Hurley, Sr.</b> ADDRESS <b>3317 Gillham Road Kansas City, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hepatitis, Chronic</b> INTERVAL BETWEEN ONSET AND DEATH <b>3 mos.</b> ANTECEDENT CAUSES DUE TO (b) <b>Arterial Hypertension</b> <b>10 yrs.</b> DUE TO (c) <b>Diabetes Mellitus</b> <b>10 yrs.</b> 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 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)		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>May 18 46</b> to <b>July 12, 1951</b> , that I last saw the deceased alive on <b>July 12, 1951</b> , and that death occurred at <b>8:40 A.M.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>Edw. H. Washington M.D.</b>		23b. ADDRESS <b>411 Nichols Rd, K.C., Mo.</b>	
23c. DATE SIGNED <b>July 12, 1951</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>July 14, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>D.N. Newcomer</b> ADDRESS <b>1331 Brush Creek Kansas City, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>7-18-51</b>		REGISTRAR'S SIGNATURE <b>Geraldine Halmed</b>	

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

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

*Jess T. Deewer*

Licensed Embalmer No. 445-3

P. O. Address Kansas City

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.