

FILED JUL 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23506

BIRTH NO.		REG. DIST. NO. 166		PRIMARY REG. DIST. NO. 4254		Registrar's No. 18	
1. PLACE OF DEATH a. COUNTY <i>Johnson</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Johnson</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Knot Master</i>		c. LENGTH OF STAY (in this place) <i>10 yrs.</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Knot Master</i>		<i>0513</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <i>0</i>			
3. NAME OF DECEASED (Type or Print)		a. (First) <i>Floyd</i>		b. (Middle) <i>William</i>		c. (Last) <i>Hurst</i>	
4. DATE OF DEATH		(Month) <i>July</i>		(Day) <i>14</i>		(Year) <i>1951</i>	
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>		8. DATE OF BIRTH <i>Sept. 6, 1897</i>	
9. AGE (In years last birthday) <i>53</i>		10. MONTHS <i>10</i>		11. DAYS <i>8</i>		12. HOURS <i>8</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Labor</i>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Hiawatha, Kansas</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>				13a. FATHER'S NAME <i>Jess F. Hurst</i>		13b. MOTHER'S MAIDEN NAME <i>Bertha E. Curtis</i>	
14. NAME OF HUSBAND OR WIFE <i>deceased</i>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>yes World War II</i>		16. SOCIAL SECURITY NO. <i>495-20-1209</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Arley Hurst, Lincoln, Neb.</i>				ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <i>5 mins</i>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Occlusion</i>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (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.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <input checked="" type="checkbox"/>		19b. MAJOR FINDINGS OF OPERATION <i>4201</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Knot Master, Johnson, Mo</i>			
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 <i>July 14, 1951</i> , to <i>July 14, 1951</i> , that I last saw the deceased alive on <i>July 14, 1951</i> , and that death occurred at <i>1:30 p.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>V. W. Brown, M.D.</i>				23b. ADDRESS <i>Knot Master, Mo</i>		23c. DATE SIGNED <i>July 14, 51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>July 17, 1951</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Knot Master Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Knot Master, Mo</i>	
DATE REC'D BY LOCAL REG. <i>July 17, 1951</i>		REGISTRAR'S SIGNATURE <i>L. Beatty</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. Raymond Baker</i>		ADDRESS <i>Knot Master, Mo</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

0.50
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AUG 3 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 _____

working under my personal supervision.

Student Embalmer No.....

Signed

W. Raymond Baker

Signed.....
Student Embalmer

Licensed Embalmer No. *4616*

P. O. Address, *Knob Noster, 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.