

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42154**

FILED DEC 31 1951

BIRTH NO. _____ REG. DIST. NO. **383** PRIMARY REG. DIST. NO. **5655** Registrar's No. **146**

1. PLACE OF DEATH a. COUNTY Lawrence b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mt. Vernon, c. LENGTH OF STAY (In this place) Abt. 12 Hrs. d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri State Sanatorium		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Missouri b. COUNTY Dunklin c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hornersville, d. STREET ADDRESS (If rural, give location) Route 1	
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3. NAME OF DECEASED (Type or Print) a. (First) Jake b. (Middle) _____ c. (Last) Hurst	4. DATE OF DEATH (Month) (Day) (Year) Dec. 16, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 21, 1903	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Mont Hurst	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Verna Hurst
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Ruby Ann Wilson, Mt. Vernon, Mo.
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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	INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intrathoracic hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchogenic Carcinoma DUE TO (c) _____	Abt. 6 Wks.
	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 <div style="text-align: right; font-size: 2em; font-weight: bold;">162X</div>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from 12-15, 1951, to 12-16, 1951, that I last saw the deceased alive on 12-16, 1951, and that death occurred at 3:15 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. Hellweg M.D.	23b. ADDRESS Missouri State San. Mount Vernon, Missouri	23c. DATE SIGNED 12-16-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12-16-51	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) _____
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DATE REC'D BY LOCAL REG. 12-18-51	REGISTRAR'S SIGNATURE Cecil Hendricks	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS W. W. Fessett, Mt. Vernon, Mo.
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECORDED DEC 21 1951

Dist. File 1207-7162

Date Filed 12-22-51

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

E. W. Fissett

Licensed Embalmer No. _____

P. O. Address _____

W. J. Keenan

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

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