

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10134**

MAR 29 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2224**

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

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | |
| c. LENGTH OF STAY (In this place) 17 yrs. | | d. STREET ADDRESS (If rural, give location) 22 1216 South 7th | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to City Hospital | | | |

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|--|---------------------------|---|---|---|-----------------------------|
| 3. NAME OF DECEASED (Type or Print) CALVIN L. HURST | | | 4. DATE OF DEATH (Month) (Day) (Year) 3 9 52 | | |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M | 8. DATE OF BIRTH May 7, 1892 | 9. AGE (In years last birthday) 59 | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY Retired | | 11. BIRTHPLACE (State or foreign country) Missouri | |
| 12. CITIZEN OF WHAT COUNTRY? U. S. | | | | | |

| | | | | | |
|---|--|---|--|---|--|
| 13a. FATHER'S NAME John Hurst | | 13b. MOTHER'S MAIDEN NAME Roxie Morris | | 14. NAME OF HUSBAND OR WIFE Nellie Hurst | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME Nellie Hurst ADDRESS 1216 South 7th St. | |

| | | | | | | | |
|--|--|---|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| <p>* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ | | | | | |
| | | ANTECEDENT CAUSES | | | | | |
| | | DUE TO (b) Ruptured left ventricle DUE TO (c) ventricle | | | | | |
| | | 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 checked="" 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) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 11:30 am | |
|--|--|--|--|--|--|

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **2:00A** m., from the causes and on the date stated above.

| | | | | | |
|--|--|--------------------------------|--|---|--|
| 23a. SIGNATURE Raymond [Signature] (Degree or title) Deputy Town 3 | | 23b. ADDRESS 1300 Clark | | 23c. DATE SIGNED 3/10/52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 3-12-52 | | 24c. NAME OF CEMETERY OR CREMATORY Iron Mt. Cemetery | |
| | | | | 24d. LOCATION (City, town, or county) (State) Iron Mt. Mo. | |

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|--|--|---|--|---|--|
| DATE REC'D BY LOCAL MAR 10 1952 | | REGISTRAR'S SIGNATURE E. Carl Smith md | | 25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Funeral Home ADDRESS 2301 Lafayette | |
|--|--|---|--|---|--|

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

N. G. Farris

Licensed Embalmer No. *3384*

P. O. Address *2301 Lafayette*

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.