

5. No. 300
v. 10.48

FILED JUL 10 1952

STANDARD CERTIFICATE OF DEATH

State File No. **21145**

BIRTH NO. _____ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **3041** Registrar's No. **70**

611
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Macon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Macon		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Macon 0610	
d. FULL NAME OF HOSPITAL OR INSTITUTION Samaritan Hospital		d. STREET ADDRESS (If rural, give location) Near Redman	

3. NAME OF DECEASED (Type or Print) a. (First) Lydia b. (Middle) Ann c. (Last) Hurst			4. DATE OF DEATH (Month) (Day) (Year) June 29 1952		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 28-1867	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 4 Days 6	IF UNDER 12 Mths. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY Home work	11. BIRTHPLACE (State or foreign country) Macon Co Mo,	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Wm F. Bennett	13b. MOTHER'S MAIDEN NAME Sarah Wukley	14. NAME OF HUSBAND OR WIFE Wm Hurst Anabel
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Wm Hurst Anabel	ADDRESS 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture Left Hip		INTERVAL BETWEEN ONSET AND DEATH 2 WKS
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fall		2 WKS
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Carcinoma Arteriosclerosis			Unknown

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION none	E9030 051 20	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Near Redman Macon MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 14 52 11:45	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell in chicken yard
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22. I hereby certify that I attended the deceased from **6-14**, 19**52**, to **6-29**, 19**52**, that I last saw the deceased alive on **6-29**, 19**52** and that death occurred at **3:54** AM, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree of title) MD	23b. ADDRESS Macon MO	23c. DATE SIGNED 7-3-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 1st	24c. NAME OF CEMETERY OR CREMATORY Mt Zion	24d. LOCATION (City, town, or county) (State) Macon Co MO
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DATE REC'D BY LOCAL REG. 7/2/52	REGISTRAR'S SIGNATURE [Signature] 19 52	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Attanta Mo
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RECEIVED 7.8.52
MACON COUNTY HEALTH DEPARTMENT
County File No. 752.108
Date Filed 7.9.52

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 JM Gooding

Licensed Embalmer No. 1756

P. O. Address Atlanta 2020

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.