

FILED AUG 4 1952

STANDARD CERTIFICATE OF DEATH

State File No. 23828

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 5179 Registrar's No. 22

0150  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>?</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Camden Rural Large</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Harrison</u>	
c. LENGTH OF STAY (In this place) <u>minutes</u>		803	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Highway 54</u>		d. STREET ADDRESS (If rural, give location) <u>622 N Cherry St</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Thelma</u> b. (Middle) <u>Durus</u> c. (Last) <u>Hurst</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 25 - 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>Oct 26 - 1915</u>	9. AGE (In years last birthday) <u>36</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>29</u>	IF UNDER 18 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life even if not now) <u>Owner Bowling Alley Amusement</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>unknown</u>	11. BIRTHPLACE (State or foreign country) <u>9</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Clarence E Durus</u>	13b. MOTHER'S MARDEN NAME <u>Anna Lena Moore</u>	14. NAME OF HUSBAND OR WIFE <u>Harold Hurst, Deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>490-09-3347</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 1/2 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage</u>		
	ANTECEDENT CAUSES MORIBUND CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>Skull Fracture</u> DUE TO (c) <u>Auto Mobile Accident</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>on Federal Highway #54</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Asper Township Camden Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>July 25 - 1952 4 P</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Lost control on curve</u>
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22. I hereby certify that I attended the deceased from July 25, 1952, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 4 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Abbie Bankou - Woolery Coroner Camden, Mo</u>	23b. ADDRESS	23c. DATE SIGNED <u>July 26 - 52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal &amp; Burial</u>	24b. DATE <u>July 26 - 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>	24d. LOCATION (City, town, or county) (State) <u>Independance Mo</u>
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DATE REC'D BY LOCAL REG. <u>July 26 - 1952</u>	REGISTRAR'S SIGNATURE <u>Zilpha Inaw</u>	42	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo C Carson</u>	ADDRESS <u>Independance Mo</u>
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**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 *Philip Buckson Woolery*

Licensed Embalmer No. *2485*

P. O. Address *Camden, 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.