

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 13 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1039

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (in this place) 27 YEARS

c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY

d. FULL NAME OF HOSPITAL OR INSTITUTION 3217 Wabash Avenue

d. STREET ADDRESS (If rural, give location) 3217 WABASH AVENUE

3. NAME OF DECEASED
a. (First) Murl b. (Middle) K. c. (Last) Hurst

4. DATE OF DEATH (Month) (Day) (Year)
Feb. 16 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED

8. DATE OF BIRTH FEB-4-1891

9. AGE (In years last birthday) 62

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) EMPLOYEE-MEAT PKG.

10b. KIND OF BUSINESS OR INDUSTRY MAURER-NEURER CORPORATION

11. BIRTHPLACE (City and State or Foreign Country) OREGON MISSOURI

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME CHRIS HURST

13b. MOTHER'S MAIDEN NAME MARTHA KNEALE

14. NAME OF HUSBAND OR WIFE MRS. SARAH HURST

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. 487-03-6401

17. INFORMANT'S SIGNATURE OR NAME ADDRESS RONALD HURST 8401 HEMLOCK DRIVE OVERLAND PARK KANSAS

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of prostatic-undulant tons
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
150X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
As above

20. AUTOPSY? YES NO

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)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1952, to Feb 16 1953, that I last saw the deceased alive on Feb 15 1953, and that death occurred at 5:15 P.M. m., from the causes and on the date stated above.

23a. SIGNATURE E.W. JOHNSON JR. (Type or title)

23b. ADDRESS 231 W 47th

23c. DATE SIGNED 2-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE FEB. 19 1953

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State) NEAR OREGON MISSOURI

DATE REC'D BY LOCAL REG. 2-18-53 REGISTRAR'S SIGNATURE Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE DW Newcomers 331 1/2 Durbin Blvd Kansas City Mo

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

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 Charles H. Stickney

Licensed Embalmer No. 4560

P. O. Address: KC 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.