

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 7 1953

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5017 Registrar's No. 94

1. PLACE OF DEATH

a. COUNTY Andrew

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEAR SAVANNAH

c. LENGTH OF STAY (In this place)

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission)

a. STATE Missouri b. COUNTY Andrew

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL NEAR SAVANNAH

d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED

a. (First) Daniel b. (Middle) Bella c. (Last) Hurst

4. DATE OF DEATH (Month) (Day) (Year) 3 28-1953

5. SEX male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH 11-1-1888 9. AGE (In years last birthday) 74 3 MONTHS 27 DAYS

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 (City and State or Foreign Country) Andrew Co. Mo 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Richard Hurst 13b. MOTHER'S MAIDEN NAME SARAH COLEMAN 14. NAME OF HUSBAND OR WIFE BESSIE MAY 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. none 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Bessie May Hurst Savannah Mo

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Myocardial Infarction - Arterio Sclerosis (b) _____ (c) _____

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.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____

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) 410X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____ 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 March 27, 1953, to March 27, 1953, that I last saw the deceased alive on March 27, 1953, and that death occurred at 9 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Arthur H. Kelley M.D. 23b. ADDRESS Savannah, Mo 23c. DATE SIGNED 3-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 3-30-53 24c. NAME OF CEMETERY OR CREMATORY SAVANNAH 24d. LOCATION (City, town, or county) (State) SAVANNAH MO

DATE REC'D BY LOCAL REG. 4-4-53 REGISTRAR'S SIGNATURE Lillian Sparks 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Breit Funeral Homes Savannah Mo

(Licensed Embalmer's Statement on Reverse Side)

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah, 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.