

FILED APR 2 1953

XC-830 12 30
RN-3857THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8963

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>413</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>126</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Veterans Administration Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>516 North 4th</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>TOMMIE</u>		b. (Middle) <u>R.</u>		c. (Last) <u>HURT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 21, 1953</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>12-2-18</u>	
9. AGE (In years last birthday) <u>34</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ponder, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Charley Hurt</u>		13b. MOTHER'S MAIDEN NAME <u>Nora Gibson</u>		14. NAME OF HUSBAND OR WIFE <u>Audrey Hurt</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>WWII</u>		16. SOCIAL SECURITY NO. <u>496-20-6475</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VA Hospital Records, Poplar Bluff, Mo</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES DUE TO (b) <u>Chronic Glomerulonephritis</u> 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>592X</u>				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 <u>3-13</u> , 1953, to <u>3-21</u> , 1953, and that death occurred at <u>11:45 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>A. Y. Delaney, M.D., Officer of day</u>				23b. ADDRESS <u>VA Hospital, Poplar Bluff, Mo</u>		23c. DATE SIGNED <u>3-21-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3-23-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-21-53</u>		REGISTRAR'S SIGNATURE <u>Wm H. Johnson</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James Gray Fitch Poplar Bluff, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
MAR 31 1953

BUTLER CO. HEALTH CENTER

FILE No. 353-162

APR 14 1953

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

Joseph R. Matlock

Licensed Embalmer No. 4824

P. O. Address

Regular Staff

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.