

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9894**
1599

FILED APR 9 1953

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

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Prairie Village</u>	
c. LENGTH OF STAY (in this place) <u>3 days</u>		8150	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Mary's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>7320 Falmouth Rd</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mrs Mary Lou</u> b. (Middle) _____ c. (Last) <u>Hurt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-19-1953</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>November 15 1912</u>	9. AGE (In years last birthday) <u>40</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 WKS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bureau Community Facilities</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Liberal, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Ray Moyer</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Bremer</u>		14. NAME OF HUSBAND OR WIFE <u>Philip Hurt</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. <u>241-18-9045</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Philip Hurt</u> ADDRESS <u>7320 Falmouth Rd</u>	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Status Asthmaticus</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 Days</u>	
		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.				<u>241X</u>	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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) _____	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
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22. I hereby certify that I attended the deceased from 3/16 ¹⁹⁵³ to 3/19, 1953, that I last saw the deceased alive on 3/19, 1953, and that death occurred at 1:20 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>J.D. Bennett</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Prof. Bldg K.C. Mo</u>		23c. DATE SIGNED <u>3/20/53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-21-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>mt. moriah</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>3-20-53</u>		REGISTRAR'S SIGNATURE <u>Shelding Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>France Wornall</u> ADDRESS <u>K.C. Mo</u>	
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MAY 11 1955
ST 11 AM

ST 11 AM

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 *Russell N. Franke*

Licensed Embalmer No. *4255*

P. O. Address *K. C. Me*

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.