

FILED MAR 23 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10686**

BIRTH NO. _____		REG. DIST. NO. <u>227</u>		PRIMARY REG. DIST. NO. <u>4339</u>		Registrar's No. <u>15</u>	
1. PLACE OF DEATH a. COUNTY <u>MONROE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>MONROE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>PARIS</u>		c. LENGTH OF STAY (In this place) <u>7 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>PARIS</u>		<u>0690</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WEST MONROE ST.</u>				d. STREET ADDRESS (If rural, give location) <u>WEST MONROE ST.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ARTHUR</u>		b. (Middle) <u>LEE</u>		c. (Last) <u>HURD</u>	
4. DATE OF DEATH		Month <u>MARCH</u>		Day <u>19</u>		Year <u>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>JAN. 7, 1876</u>	
9. AGE (In years last birthday)		if UNDER 1 YEAR Months <u>7</u> Days <u>7</u>		if UNDER 10 HRS. Hours <u>2</u> Min. <u>13</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MONROE CO. MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN W. HURD</u>		13b. MOTHER'S MAIDEN NAME <u>MARY ALICE GREENING</u>		14. NAME OF HUSBAND OR WIFE <u>EMMA HURD</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Emma Hurd, Paris, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>	
		ANTECEDENT CAUSES Morbidity 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  <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May 16, 1951</u> , to <u>March 19, 1953</u> , that I last saw the deceased alive on <u>March 19, 1953</u> , and that death occurred at <u>12:30 m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. A. Barnett M.D.</u>				23b. ADDRESS <u>PARIS, MO.</u>		23c. DATE SIGNED <u>3-20-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-21-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>STOUTSVILLE, CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>STOUTSVILLE, MO.</u>	
DATE REC'D BY LOCAL REG. <u>3-21-53</u>		REGISTRAR'S SIGNATURE <u>J. A. Barnett, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Speed Blakey</u>		ADDRESS <u>PARIS, MISSOURI</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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

*E. H. D. Jones*

Licensed Embalmer No. 4000

P. O. Address PARIS, MISSOURI

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.