S. No. 300
v. 10.48

FILED MAY 1 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13181

BIRTH NO. _____ REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 5031 Registrar's No. 13

0040
1

1. PLACE OF DEATH
a. COUNTY: Audrain
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Cuivre
c. LENGTH OF STAY (In this place): SEVERAL YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 10 miles S Vandalia

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Audrain
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Cuivre 0040
d. STREET ADDRESS (If rural, give location): 10 miles S Vandalia

3. NAME OF DECEASED (Type or Print)
a. (First): Ellen
b. (Middle):
c. (Last): Hurshman

4. DATE OF DEATH (Month) (Day) (Year): April 19, 1953

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1

8. DATE OF BIRTH: Sep 7, 1907

9. AGE (In years last birthday): 45
IF UNDER 1 YEAR: Months 7 Days 12
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (City and State or Foreign Country): Callaway County, Missouri

12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: John Gleick

13b. MOTHER'S MAIDEN NAME: Ida Cheney

14. NAME OF HUSBAND OR WIFE: John W. Hurshman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 189-14-499

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: John W. Hurshman, Vandalia, Mo.

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) Myocardial Heart failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) acute indigestion — 23 hrs.
DUE TO (c) obesity

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
High blood pr. nervousness (history)

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 5442

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) Rural Cuivre (COUNTY) Audrain (STATE) Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

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* Apr. 19, 1953 *to* Apr. 19, 1953 *that I last saw the deceased alive on* Apr. 19, 1953, *and that death occurred at* 11 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. R. Titus (Degree or title) D.O.

23b. ADDRESS: Middletown, Mo.

23c. DATE SIGNED: Apr. 20/48

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

24b. DATE: Apr 22, 1953

24c. NAME OF CEMETERY OR CREMATORY: Vandalia Cemetery

24d. LOCATION (City, town, or county) (State): Vandalia, Missouri

DATE REC'D BY LOCAL REG.: 4/26/53

REGISTRAR'S SIGNATURE: Mallie Fugua 6-0

FUNERAL DIRECTOR'S SIGNATURE: William D. Waters ADDRESS: Vandalia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 3 1956

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 William B. Mates

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.