

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13642**
Registrar's No. **38**

FILED MAY 12 1953

BIRTH NO. _____ REG. DIST. NO. **75** PRIMARY REG. DIST. NO. **3015**

1251
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Clinton			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Caldwell		
b. CITY (If outside corporate limits, write RURAL and give township) Cameron		c. LENGTH OF STAY (In this place) 26 days	c. CITY (If outside corporate limits, write RURAL and give township) Hamilton		OR TOWN 1130
d. FULL NAME OF HOSPITAL OR INSTITUTION Cameron Hosp.			d. STREET ADDRESS (If rural, give location) 1		

3. NAME OF DECEASED (Type or Print) a. (First) Ethel b. (Middle) Rose c. (Last) Gurley			4. DATE OF DEATH (Month) (Day) (Year) 5-5-1953		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 7-9-1877	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 9 Days 26	IF UNDER 1 MO. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and State or Foreign Country) Caldwell Co. Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Bert Laughlin	13b. MOTHER'S MAIDEN NAME Josephine Clappitt	14. NAME OF HUSBAND OR WIFE Edward Gurley		
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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 Leslie Gurley, Hamilton Mo.		
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Emphysema of liver			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) _____ 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 <input type="checkbox"/> NO <input checked="" 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) 5810
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **April 9, 1953**, to **May 4, 1953**, that I last saw the deceased alive on **May 4, 1953**, and that death occurred at **3:00 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) S. X. Edster D.O. 2	23b. ADDRESS Hamilton Mo	23c. DATE SIGNED May 5, 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-7-1953	24c. NAME OF CEMETERY OR CREMATORY Highland	24d. LOCATION (City, town, or county) (State) Hamilton Mo
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DATE REC'D BY LOCAL REG. 5-6-53	REGISTRAR'S SIGNATURE Winifred W. Moser	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bram Funeral Home Hamilton Mo
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JUN 1 1955

JAN 15 1957

MAY 28 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 R. Lester Bram

Licensed Embalmer No. 4472

P. O. Address Hamilton, 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.