

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21078**

FILED JUL 14 1953

BIRTH NO.		REG. DIST. NO. <b>75</b>	PRIMARY REG. DIST. NO. <b>5300</b>	Registrar's No. <b>59</b>
1. PLACE OF DEATH a. COUNTY <b>CLINTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>CLINTON</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL PLATTE</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL PLATTE Twp. 02-0</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <b>HARRISON</b> b. (Middle) <b>HENRY</b> c. (Last) <b>HURT</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>7-4-1953</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>	8. DATE OF BIRTH <b>Oct. 29, 1861</b>	
9. AGE (In years last birthday) <b>91</b>		IF UNDER 1 YEAR Months <b>8</b> Days <b>5</b>	IF UNDER 24 HRS. Hours <b>—</b> Mins. <b>—</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>		11. BIRTHPLACE (State or foreign country) <b>Wyano Co. Ky</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>				
13a. FATHER'S NAME <b>Richard B. HURT</b>		13b. MOTHER'S MAIDEN NAME <b>Wesula Tugle</b>		14. NAME OF HUSBAND OR WIFE <b>Rohaney Deceased.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>—</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. William Kahan Stewart</b> ADDRESS <b>Villa Mo</b>
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) <b>Chronic Valvular Heart Disease</b> ANTECEDENT CAUSES <b>Disease</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Generalized Cerebral</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs</b> <b>10 yrs</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		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 <b>June 9, 1953</b> , to <b>7-4, 1953</b> , that I last saw the deceased alive on <b>June 9, 1953</b> , and that death occurred at <b>11:00 p.m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <b>J. D. James MD</b>		23b. ADDRESS <b>Cameron Mo</b>		23c. DATE SIGNED <b>7-6-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>7-7-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Graceland Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wmfred W. Moser</b> ADDRESS <b>DeMass CRUNK Cameron Mo</b>		
DATE REC'D BY LOCAL REG. <b>7-7-53</b>		REGISTRAR'S SIGNATURE <b>3100</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

2250

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.....

*Leona G. Bunker*

Licensed Embalmer No. *2533*

P. O. Address. *Cameron, 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.