

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **22407**

FILED JUN 16 1953

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **187**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) Sedalia		c. LENGTH OF STAY (in this place) 37 yrs	c. CITY OR TOWN Sedalia
d. FULL NAME OF HOSPITAL OR INSTITUTION Bathwell Hosp		d. Residence within limits of a city of incorporated town! Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 206 W 7		0804	

3. NAME OF DECEASED (Type or Print) William Everett Hurlbut			4. DATE OF DEATH (Month) (Day) (Year) June 5, 1953		
a. (First)	b. (Middle)	c. (Last)			

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH July 12, 1862	9. AGE (In years last birthday) 90 10	IF UNDER 1 YEAR Months 23	IF UNDER 4 HRS. Hours 	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and State of Foreign Country) Frontenell, Nebr.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Everett R. Hurlbut	13b. MOTHER'S MAIDEN NAME Cordelia Mungen Hurlbut	13c. NAME OF HUSBAND OR WIFE Georgiana Hurlbut
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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. 497-12-5019	17. INFORMANT'S SIGNATURE OR NAME W E Hurlbut Jr - Sedalia	ADDRESS Sedalia
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strangled by hand		INTERVAL BETWEEN ONSET AND DEATH Some time
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis		
	DUE TO (c) Advanced age		
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 4222	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)
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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 **June 1st, 1953** to **June 4, 1953** that I last saw the deceased alive on **June 4, 1953** and that death occurred at **1912 St.**, from the causes and on the date stated above.

23a. SIGNATURE W E Hurlbut Jr	(Degree or title)	23b. ADDRESS Sedalia Mo	23c. DATE SIGNED 6-5-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-6-53	24c. NAME OF CEMETERY OR CREMATORY Crown Hill	24d. LOCATION (City, town, or county) (State) Sedalia Mo
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DATE REC'D BY LOCAL REG. 6-5-53	REGISTRAR'S SIGNATURE W E Hurlbut Jr	25. FUNERAL DIRECTOR'S SIGNATURE M Larekin - Sedalia	ADDRESS Sedalia
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2/31-01 (Licensed Embalmer's Statement on Reverse Side)

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

MAY 3 1954

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..... Signature of Student Embalmer

Signed..... JPM Gray

Licensed Embalmer No. 3153

P. O. Address..... Salvia

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.