

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23953

State File No. _____

BIRTH NO. 41114 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 814

| | | | |
|---|----------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | |
| c. LENGTH OF STAY (In this place) 15 hrs. | | 0117 0 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital | | d. STREET ADDRESS (If rural, give location) 1514 South 30th Street | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Wendell b. (Middle) Frederick c. (Last) Hurst II | | | 4. DATE OF DEATH July 21, 1953 |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married | 8. DATE OF BIRTH July 20, 1953 |
| 9. AGE (In years last birthday) 1 | | IF UNDER 1 YEAR Months 1 Days 15 | |
| IF UNDER 1 HR. Hours 15 Min. | | 11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Missouri | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 10b. KIND OF BUSINESS OR INDUSTRY | | 13a. FATHER'S NAME Wendell F. Hurst | |
| 13b. MOTHER'S MAIDEN NAME Mildred M. Woods | | 14. NAME OF HUSBAND OR WIFE | |
| 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 W.F. Hurst, 1514 S. 30th, St. Joseph, Mo. | | ADDRESS | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 15 hrs. | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Immaturity | | DUPLICATE | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUPLICATE | | DUPLICATE | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | DUPLICATE | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 776X | |
| 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.) St. Joseph Bldg. | |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Joseph Burch. Mo | | | |
| 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 7-20 19 53 , to 7-21 , 19 53 , that I last saw the deceased alive on 7-20 , 19 53 and that death occurred at 12:40 A.M. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE H. Peterson M.D. | | 23b. ADDRESS St. Joseph Mo | |
| 23c. DATE SIGNED 7-21-53 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 7/21/1953 | |
| 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri | |
| DATE REC'D BY LOCAL REG. July 24, 1953 | | REGISTRAR'S SIGNATURE Katherine M. Allison | |
| 25. FUNERAL DIRECTOR'S SIGNATURE Katherine M. Allison | | ADDRESS Funeral Home Inc. St. Joseph, Mo. | |

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

W. Peterson

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 *W. Peterson* _____

Licensed Embalmer No. *4791*

P. O. Address *319 So 10 St. L.A.*

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.