

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24534

State File No.

FILED AUG 10 1953

BIRTH NO.

REG. DIST. NO. 137

PRIMARY REG. DIST. NO. 3023

Registrar's No. 179

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Wetzel Hospital		d. STREET ADDRESS (If rural, give location) 0422 0	
3. NAME OF DECEASED (Type or Print) a. (First) Ruth		b. (Middle) --	
c. (Last) Hursh		4. DATE OF DEATH Aug; 6, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb; 21, 1918
9. AGE (In years last birthday) 35		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping	
11. BIRTHPLACE (State or foreign country) Osceola Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Brown		13b. MOTHER'S MAIDEN NAME Bertha Morris	
14. NAME OF HUSBAND OR WIFE Wilbur W. Hursh		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wilbur W. Hursh, Clinton Missouri	
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) Metastatic carcinoma ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bowel obstruction DUE TO (c) Starvation 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"/>		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) m.		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 April 1953, to Aug. 6, 1953, that I last saw the deceased alive on Aug. 5, 1953, and that death occurred at 2:25a m., from the causes and on the date stated above.	
23a. SIGNATURE [Signature]		23b. ADDRESS 105 East Ohio Clinton, Missouri	
23c. DATE SIGNED Aug 7, '53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 8/8/53		24c. NAME OF CEMETERY OR CREMATORY Osceola	
24d. LOCATION (City, town, or county) (State) Osceola Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Osceola Mo	
DATE REC'D BY LOCAL REG. Aug 8-53		REGISTRAR'S SIGNATURE [Signature]	

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

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 _____

Licensed Embalmer No. 3038

P. O. Address Cicero 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.