No. 300
10-48

FILED AUG 12 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25982

BIRTH NO. _____ REG. DIST. NO. 299 PRIMARY REG. DIST. NO. 6028 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY: Reynolds
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lesterville
c. LENGTH OF STAY (In this place): 25 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Reynolds
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lesterville 0900
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): JANE
c. (Last): HURST

4. DATE OF DEATH (Month) (Day) (Year): Aug. 1 1953

5. SEX: fem /
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 25 1864
9. AGE (In years last birthday): 89 — If under 1 year: Months 0 Days 6 — If under 24 hrs.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (City and State or Foreign Country): Ky. /
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: James Walden
13b. MOTHER'S MAIDEN NAME: Rebecca Jane Burris
14. NAME OF HUSBAND OR WIFE: William Hurst
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Miss Bernice Craft, Lesterville Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Septicemia — INTERVAL BETWEEN ONSET AND DEATH: 3 wks.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Broken hip.
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 ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 10 1953, *to* Aug 1, 1953, *that I last saw the deceased alive on* Aug 1, 1953, *and that death occurred at* 2.05A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. M. Fitzpatrick M.D.
23b. ADDRESS: Lesterville Mo.
23c. DATE SIGNED: 8/9/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 8-2-53
24c. NAME OF CEMETERY OR CREMATORY: Arcadia Valley Memorial Park
24d. LOCATION (City, town, or county) (State): Ironton Mo.

DATE REC'D BY LOCAL REG.: 8/8/53
REGISTRAR'S SIGNATURE: C. M. Fitzpatrick M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: White Funeral Home, Ironton Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Received 8-11-53
Reynolds County Healt
File No. 853 - 16

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 Ancel J. White

Licensed Embalmer No. 2012

P. O. Address Fredericktown Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.