

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **28684**  
**4264**

FILED SEP 15 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Kansas City</u>	c. LENGTH OF STAY (in this place) <u>15 years</u>	c. CITY OR TOWN <u>Kansas City</u>	Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Northeast Osteopathic</u>		e. STREET ADDRESS (If rural, give location) <u>5910 East 9th St. 3208</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Oliver</u>	b. (Middle) <u>Edward</u>	c. (Last) <u>Hurst</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8-29-53</u>
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5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED/NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>9-13-1889</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>11</u>	IF UNDER 24 HRS. Hours <u>1</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Steel Worker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Sheffield Steel</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Sibley Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>Am.</u>
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13a. FATHER'S NAME <u>Benjamin J. Hurst</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ann Webb</u>	14. NAME OF HUSBAND OR WIFE <u>Pearl Hurst</u>
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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) <u>None</u>	16. SOCIAL SECURITY NO. <u>497-05-5015</u>	17. INFORMANT'S SIGNATURE OR NAME <u>E. J. Jackson, Jr.</u>	ADDRESS <u>3912 Locust, K.C.Mo.</u>
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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) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Interstitial Nephritis</u>		<u>?</u>
	DUE TO (c) <u>Liver Enlargement</u>		<u>?</u>
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"/>
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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 Mar. 15, 1953, to Aug 28, 1953, that I last saw the deceased alive on Aug 28, 1953, and that death occurred at 10:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank E. Day</u>	23b. ADDRESS <u>Dr. O. 2 4314 E 9th, K.C. Mo</u>	23c. DATE SIGNED <u>8-29-53</u>
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9/1/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Independence Mo</u>
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DATE REC'D BY LOCAL REG. <u>8-31-53</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. O. Carson</u>	ADDRESS <u>Indep. Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Richard R. Francis*

Licensed Embalmer No... *4863*

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