No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31391

FILED SEP 21 1953

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5357 Registrar's No. 69

1. PLACE OF DEATH
a. COUNTY: Daviess
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Benton Twn.
c. LENGTH OF STAY (In this place): 12 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt.#2. Pattonsburg, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Daviess
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Benton Township 0310
d. STREET ADDRESS (If rural, give location): Rt.#2, Pattonsburg, Mo. 0

3. NAME OF DECEASED (Type or Print)
a. (First): Clem
b. (Middle): David
c. (Last): Hurd

4. DATE OF DEATH (Month) (Day) (Year): Sept 7, 1953

5. SEX: Male 9
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12-10-1883
9. AGE (In years last birthday): 69 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Operated Own Farm
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Pattonsburg, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James Hurd
13b. MOTHER'S MAIDEN NAME: Sarah Ellen Koger
14. NAME OF HUSBAND OR WIFE: Nora Hurd

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.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Nora Hurd, Rt. #2, Pattonsburg, 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) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: about 60 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

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: 4201
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* Sept 5, 1953, *to* Sept 7, 1953 *that I last saw the deceased alive on* Sept 7, 1953 *and that death occurred at* 10:00P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. K. Wilson MD
23b. ADDRESS: Winston Mo
23c. DATE SIGNED: Sept 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-9-53
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery
24d. LOCATION (City, town, or county) (State): Pattonsburg, Mo.

DATE REC'D BY LOCAL REG.: 9-17-53
REGISTRAR'S SIGNATURE: Virginia M. Engelhart
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Pattonsburg, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JAN 19 1954

MAR 30 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 .....
Student Embalmer

Signed Louis Quett

Licensed Embalmer No. 4096

P. O. Address Pittsburg, Pa.

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.