No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED OCT 1 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32402

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 334

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (In this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Levering Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pike
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Louisiana Rural Salt River
d. STREET ADDRESS (If rural, give location): 0820 1

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle):
c. (Last): KURZ

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 20 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: DEC 7 1877
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Louis Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JOHN KURZ
13b. MOTHER'S MAIDEN NAME: MARIE BREAUER
14. NAME OF HUSBAND OR WIFE: Nettie Kurz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Betty Wright — **ADDRESS**: Pittsfield Ill.

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): Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Extra cranial injury
DUE TO (c): Multiple Sample from left leg

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Comp from left leg

19a. DATE OF OPERATION: JE 8120 25
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~: Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway #61
21c. (CITY, TOWN, OR TOWNSHIP): Pike County (COUNTY) 082 (STATE) Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9 16 53 4 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Struck by a truck

22. *I hereby certify that I attended the deceased from* 9-16, 1953, *to* 9-20, 1953 *that I last saw the deceased alive on* 9-20, 1953, *and that death occurred at* 5 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. L. Murry (Degree or title): M.D.
23b. ADDRESS: Hannibal Mo
23c. DATE SIGNED: 9/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: SEPT 22-53
24c. NAME OF CEMETERY OR CREMATORY: Grand View Mem. Cem
24d. LOCATION (City, town, or county) (State): Hannibal Mo.

DATE REC'D BY LOCAL REG.: 9-21-53
REGISTRAR'S SIGNATURE: Dr. E. M. Lucke By W. C. Fahs
25. FUNERAL DIRECTOR'S SIGNATURE: Fields and Son
ADDRESS: Frankford Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED SEP 29 1953
MARION CO. HEALTH DEPT.
DATE FILED SEP 29 1953

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 Rose Fields Megown

Licensed Embalmer No. 4093

P. O. Address Frankford Mo.

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

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