

58974-53 STANDARD CERTIFICATE OF DEATH
FILED MAR 1 1954

State File No. 4210

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 101

1. PLACE OF DEATH a. COUNTY Cape Girardeau Mo		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau Mo	
c. LENGTH OF STAY (in this place) 4 Months		d. STREET ADDRESS (If rural, give location) 746 So Giboney Cape Girardeau Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cape Osteopathic Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Micheal	b. (Middle) Dean	c. (Last) Hurt	4. DATE OF DEATH (Month) (Day) (Year) Feb. 19, 1954.
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 24, 1953	9. AGE (In years last birthday) 4	IF UNDER 1 YEAR Months 25	IF UNDER 24 HRS. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Cape Girardeau Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Hurt	13b. MOTHER'S MAIDEN NAME Opal Griffith Hurt.	14. NAME OF HUSBAND OR WIFE
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME James Hurt	ADDRESS 746 So Giboney St Cape Girardeau Mo
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malnutrition & Starvation		INTERVAL BETWEEN ONSET AND DEATH 3 mo.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Aitiminosis		
	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 7720	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.) Cape Girardeau, Mo	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Cape Girardeau, Mo 7720
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 Jan. 1954, to February 17, 1954, that I last saw the deceased alive on Feb. 15, 1954, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. L. Schrader D.O.	23b. ADDRESS 28 S. Spanish	23c. DATE SIGNED 2/20/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/21/54	24c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cent	24d. LOCATION (City, town, or county) (State) Near Advance Mo.
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DATE REC'D BY LOCAL REG. 2-22-54	REGISTRAR'S SIGNATURE C. C. Summers	44-0	25. FUNERAL DIRECTOR'S SIGNATURE A. L. Schrader	ADDRESS Cape Girardeau Mo
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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 *E. J. Haman*

Licensed Embalmer No. 2863

P. O. Address Cape Girardeau 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.