

STANDARD CERTIFICATE OF DEATH

28270

State File No.

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3049 Registrar's No. 2619

1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>California</u> b. COUNTY <u>Alameda</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>			c. LENGTH OF STAY (In this place)			c. CITY (If outside corporate limits, write RURAL and give township) <u>Hayward</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>994 Westerman Ct.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carmelita</u> ;/ b. (Middle) <u>L.</u> c. (Last) <u>Hurt</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8/31/54</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>2/10/1896</u>		9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Bakersfield, California</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Jesus Aranjio</u>		13b. MOTHER'S MAIDEN NAME <u>Emalia Reese</u>		14. NAME OF HUSBAND OR WIFE <u>Charles M. Hurt</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jane Cox, Cottage Grove, Oregon</u>			
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) <u>Massive Intra-Cranial Injury</u> 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. <u>E 8164</u> <u>26</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>	
19a. DATE OF OPERATION <u>8-31-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Massive Intra-Cranial Injury</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>Car</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) <u>Highway 36 - 11 Ave</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hannibal Marion Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8-31-54 11:30 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Two cars collided</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>8-31</u> , 19 <u>54</u> , and that death occurred at <u>2:05 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>D. D. Murphy, M.D.</u>				23b. ADDRESS <u>Hannibal Mo</u>		23c. DATE SIGNED <u>9/3/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/4/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bakersfield</u>		24d. LOCATION (City, town, or county) (State) <u>Bakersfield, California</u>	
DATE REC'D BY LOCAL REG. <u>9/3/54</u>		REGISTRAR'S SIGNATURE <u>W. E. M. Lucke, R. H. Fisher</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Michael J. O'Donnell</u>		ADDRESS <u>Hannibal Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 7 1954

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED SEP 7 1954

JAN 28 1955

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 *Michael J. O'Connell*

Licensed Embalmer No. *3246*

P. O. Address *Hammel 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.