

FILED SEP 9 1954

STANDARD CERTIFICATE OF DEATH 5716 State File No. 28294

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 268

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE California		b. COUNTY Alameda	
b. CITY (If outside corporate limits, write RURAL and give town) U.S. Hi. 36 W.		c. LENGTH OF STAY (In this place) 7.1		c. CITY (If outside corporate limits, write RURAL and give township) Hayward	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 994 Westerman Ct.			

3. NAME OF DECEASED (Type or Print)		a. (First) Charles	b. (Middle) M.	c. (Last) Hurt	4. DATE OF DEATH (Month) (Day) (Year) 8-31-54	
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5/12/1886	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months	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) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Marion County, Indiana	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William D. Hurt	13b. MOTHER'S MAIDEN NAME Mary Green	14. NAME OF HUSBAND OR WIFE Carmelita Hurt
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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. 527-10-1328	17. INFORMANT'S SIGNATURE OR NAME Jane Cox, Cottage Grove, Oregon	ADDRESS
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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>Fractured Skull</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Crushed Chest</u>		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) U.S. Hi. 36 W.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Miller Tnshp. Marion, Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8-31-54 11:20 A.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Two car collision
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. M. O'Donnell</u> Coroner	(Degree or title)	23b. ADDRESS Hannibal, Missouri	23c. DATE SIGNED 9/3/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/4/54	24c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant Cemetery Indianapolis, Indiana	24d. LOCATION (City, town, or county) (State):
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DATE REC'D BY LOCAL REG. 9/3/54	REGISTRAR'S SIGNATURE <u>L. M. Lucke</u>	189-1	25. FUNERAL DIRECTOR'S SIGNATURE <u>Michael J. O'Rourke</u>	ADDRESS Hannibal Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

2640
38

RECEIVED SEP 7 1954
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'Rourke

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.