

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29854**

FILED OCT 4 1954

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1033

1. PLACE OF DEATH
 a. COUNTY **Buchanan**
 b. CITY (If outside corporate limits, write RURAL and give township) **St. Joseph** c. LENGTH OF STAY (in this place) **2 yrs.**
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **614-1/2 North 5th St.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **Missouri** b. COUNTY **Buchanan**
 c. CITY (If outside corporate limits, write RURAL and give township) **St. Joseph**
 d. STREET ADDRESS (If rural, give location) **614-1/2 No. 5th St.**

3. NAME OF DECEASED (Type or Print)
 a. (First) **HIRAM** b. (Middle) **E** c. (Last) **HURST**
 4. DATE OF DEATH (Month) (Day) (Year) **Sept. 23 1954**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**
 8. DATE OF BIRTH **Sept. 26, 1889** 9. AGE (In years last birthday) **65** UNDER 1 YEAR UNDER 1 MONTH UNDER 1 HOUR

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

13a. FATHER'S NAME **James T. Hurst** 13b. MOTHER'S MAIDEN NAME **Sarah Elizabeth Harding** 14. NAME OF HUSBAND OR WIFE **Callie Hurst**

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. **495-24-2837** 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Callie Hurst** ADDRESS **St. Joseph, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary occlusion**
 ANTECEDENT CAUSES **Arteriosclerotic heart disease**
 *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
 DUE TO (b) **ARTERIOSCLEROTIC HEART DISEASE**
 DUE TO (c)
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.
 INTERVAL BETWEEN ONSET AND DEATH **80 MIN.**
10 YEARS.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **+200** 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) _____ 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 20, 1953**, to **SEPT 23, 1954**, that I last saw the deceased alive on **AUG 28, 1954**, and that death occurred at **6:00A** m., from the causes and on the date stated above.

23a. SIGNATURE **Lawrence H. Pfeiffer, MD** (Degree or title) 23b. ADDRESS **1318 N. 3RD., ST. JOSEPH, MO.** 23c. DATE SIGNED **9-23-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **Sept. 25, 1954** 24c. NAME OF CEMETERY OR CREMATORY **Maitland Cemetery** 24d. LOCATION (City, town, or county) (State) **Maitland Missouri**

DATE REC'D BY LOCAL REG. **Sept 27, 1954** REGISTRAR'S SIGNATURE **Kathleen M. Allison** 485-
 FUNERAL DIRECTOR'S SIGNATURE **Stammy Funeral Home** ADDRESS **St. Joseph, Mo.**

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Charles E. Bennett

Signed.....
Student Embalmer

Licensed Embalmer No. *4677*

P. O. Address *St. Joseph 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.