

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33947

State File No. ....

FILED NOV 10 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4867

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>Kanssa City</b>		c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>Life</b>		STREET ADDRESS (If rural, give location) <b>6105 St. John</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6105 St. John</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b>		b. (Middle) <b>J.</b>		c. (Last) <b>HURLEY</b>		4. DATE OF DEATH (Month) <b>10</b> (Day) <b>19</b> (Year) <b>54</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Apr. 26, 1912</b>		9. AGE (In years last birthday) <b>42</b> 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) <b>Rep. for K.C.-6 yrs.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Hilex Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>John J. Hurley, Sr.</b>		13b. MOTHER'S MAIDEN NAME <b>Mabel L. Keyser</b>		14. NAME OF HUSBAND OR WIFE <b>Agnes M. Hurley</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>487-07-5877</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Agnes M. Hurley-6105 St. John-K.C., Mo</b>	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Rheumatic Heart Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 mos.</b>	
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. <b>Schizophrenic Epilepsy</b>		<b>4 1/2 hrs.</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 <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 Sept, 1954, to 19 Oct, 1954, that I last saw the deceased alive on 19 Oct, 1954, and that death occurred at 12:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>D. J. Cutcliff</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>1222 7th St</b>		23c. DATE SIGNED <b>10/20/54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10/21/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>10-20-54</b>		REGISTRAR'S SIGNATURE, <b>Melroy Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Melody-McGilley-Eylar-Lansas City, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Cutliff - 12

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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.....  
Signature of Student Embalmer

Signed Melvin Barteaux

Licensed Embalmer No. 490

P. O. Address KC 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.