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FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6166 State File No. 7011

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 4507 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Stone		2. USUAL RESIDENCE (Where deceased lived in institution residence before admission) a. STATE mo b. COUNTY Christian	
b. CITY OR TOWN Crane - R-2	c. LENGTH OF STAY (in this place) 8 Days	c. CITY OR TOWN Spokane	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		No. STREET ADDRESS (If rural, give location) 0000, mo.	

3. NAME OF DECEASED (Type or Print) Eli	a. (First)	b. (Middle) A	c. (Last) Hurn	4. DATE OF DEATH (Month) (Day) (Year) Jan 28-1955
5. SEX m	6. COLOR OR RACE wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov-11-1882	9. AGE (in years last birthday) 72-2-14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY General	11. BIRTHPLACE (City and State or Foreign Country) Texas	12. CITY/TOWN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Thomas Hurn	13b. MOTHER'S MAIDEN NAME Malveria Pritchard	14. NAME OF HUSBAND OR WIFE Clara Hurn		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 500-10-3108	17. INFORMANT'S SIGNATURE OR NAME Mrs. Clara Hurn - Spokane mo ADDRESS		

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		MEDICAL CERTIFICATION	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) _____ DUE TO (c) _____			
19. 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"/>
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? 480X

22. I hereby certify that I attended the deceased from 1-25, 1955, to 1-28, 1955, that I last saw the deceased alive on 1-23, 1955, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. O. Bell	23b. ADDRESS Rives Sping, Mo	23c. DATE SIGNED 1-26-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 29-1955	24c. NAME OF CEMETERY OR CREMATORY Eisenham
24d. LOCATION (City, town, or county) (State) Helena mo	24e. FUNERAL DIRECTOR'S SIGNATURE Everett J. Cheatham	24f. ADDRESS Helena mo
DATE REC'D BY LOCAL REG Jan. 28 1955	REGISTRAR'S SIGNATURE Mrs. J. Elmer Murray	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS

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.....
Signature of Student Embalmer

Signed *Everett J. Cheatham*

Licensed Embalmer No. *38*

P. O. Address *Salena*

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.