

FILED FEB 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7095

BIRTH NO. _____		REG. DIST. NO. 374		PRIMARY REG. DIST. NO. 6272		Registrar's No. 124			
1. PLACE OF DEATH a. COUNTY <u>Worth</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Worth</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Allen Twp</u>		c. LENGTH OF STAY (In this place) <u>61 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>6272</u>		OR TOWN <u>Allen Twp</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>2 mi north west of Danvers MO</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>DAVID</u>		b. (Middle) <u>HENRY</u>		c. (Last) <u>HURST</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 10 1955</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec 23 - 1857</u>			
9. AGE (In years last birthday) <u>97</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Paris Illinois</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Fessie Hurst</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Shaffer</u>		14. NAME OF HUSBAND OR WIFE <u>Martha Jane Hurst</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Odie Hurst Grant City MO</u> 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis, generalized with cardiac decompensation</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.				INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>	
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) <u>Grant City MO</u>		21f. HOW DID INJURY OCCUR? _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Jan 4</u> , 19 <u>54</u> , to <u>Feb 10</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Feb 5</u> , 19 <u>55</u> , and that death occurred at <u>11 A m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Frank B Matheson MD</u>		23b. ADDRESS <u>Grant City MO</u>		23c. DATE SIGNED <u>1-12-55</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 12 - 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Friendship Rural - Henry</u>		24d. LOCATION (City, town, or county) (State) <u>MO</u>			
DATE REC'D BY LOCAL REG. <u>Feb 11, 1955</u>		REGISTRAR'S SIGNATURE <u>Reta E. Dawson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R A Brane</u>		ADDRESS <u>Danvers MO</u>			

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
Student Embalmer

Student Embalmer No.

Signed

Licensed Embalmer No. 4211

P. O. Address Grant City 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.