

FILED MAR 23 1955

STANDARD CERTIFICATE OF DEATH

State File No. **7169**BIRTH NO. _____ REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 3001 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) Vandalia		c. CITY OR TOWN Vandalia	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) <i>all his life</i>		f. STREET ADDRESS (If rural, give location) Vine Street 00410	
d. FULL NAME OF HOSPITAL OR INSTITUTION Vine Street			

3. NAME OF DECEASED (Type or Print)		a. (First) Charles	b. (Middle) Eli	c. (Last) Hursman	4. DATE OF DEATH (Month) (Day) (Year) March 13 1955
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH Mar 13, 1948	9. AGE (In years last birthday) 7 if UNDER 1 YEAR Months 0 Days 0 if UNDER 24 HRS. Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Vandalia, Missouri	12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME Robert Lee Hursman		13b. MOTHER'S MAIDEN NAME Lilly May Fields		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Moses Hursman, Vandalia, Mo	

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coroner's Investigation without Jury. Died unattended without physician. No indication of violence or foul play. Deceased died from a nervous condition having been an invalid from birth.		INTERVAL BETWEEN ONSET AND DEATH
	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 355X	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) none	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 Coroner's Case, died about 8:30 PM March 13, 1955, that I last saw the deceased alive on 19, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE <i>S. C. Adams</i>		23b. ADDRESS Mexico, Missouri	23c. DATE SIGNED Mar 14-55
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Mar 15, 1955	24c. NAME OF CEMETERY Vandalia Cemetery	24d. LOCATION (City, town, or county) (State) Vandalia, Missouri
DATE REC'D BY LOCAL REG. March 15 1955	REGISTRAR'S SIGNATURE <i>Prallie Fugate</i>	FUNERAL DIRECTOR'S SIGNATURE <i>William & Waters</i>	ADDRESS Vandalia, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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 *William B. Gatus*.....

Licensed Embalmer No. *411*.....

P. O. Address *Dandelin*.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.**