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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21870

State File No.

FILED AUG 8 - 1955

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 4200 Registrar's No. 664

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Route - Boone</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Ash Grove</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>West Hiwy. 160</u>		e. STREET ADDRESS (If rural, give location) <u>West Hiwy. 160</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wadie</u> b. (Middle) <u>L ee</u> c. (Last) <u>Hurst</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 31, 1955</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 19, 1880</u>
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>12</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mt Vernon, Kentucky</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Joe Bray</u>	
13b. MOTHER'S MAIDEN NAME <u>Lina E Warren</u>		14. NAME OF HUSBAND OR WIFE <u>John Oliver 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>Mrs Orville Cook</u>		ADDRESS <u>Ash Grove, Mo Rt 1</u>	
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) <u>Congestive-circulatory Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prolonged recumbency necessitated by bilateral lower extremity gangrene</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus 4501</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)	
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"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>4-20-55</u> , 19 <u>55</u> , to <u>7-31-55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>7-29-55</u> , 19 <u>55</u> , and that death occurred at <u>4:15 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Flora F. Matz D.O.</u>		23b. ADDRESS <u>Ash Grove, Mo.</u>	
23c. DATE SIGNED <u>8-2-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Aug. 3, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ash Grove</u>	
24d. LOCATION (City, town, or county) (State) <u>Ash Grove, Mo.</u>		DATE REC'D BY LOCAL REG. <u>8/3/55</u>	
REGISTRAR'S SIGNATURE <u>Edith Welchman</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Sisk</u>	
ADDRESS <u>Ash Grove, Mo.</u>		ADDRESS <u>Ash Grove, Mo.</u>	

WRITE PLAINLY—USING UNFAADING 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..... *Richard E. Watt*

Licensed Embalmer No. *465*

P. O. Address..... *Sal. Ga.*

**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.**