

FILED SEP 1 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27813**
Registrar's No. **6503**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 27813		Registrar's No. 6503					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis							
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital				d. STREET ADDRESS (If rural, give location) 3866 Lincoln									
3. NAME OF DECEASED (Type or Print)			a. (First) Hilles		b. (Middle) Darrel		c. (Last) Hurt		4. DATE OF DEATH (Month) (Day) (Year) July 27, 1955				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH April 15, 1946		9. AGE (In years last birthday) 9		# UNDER 1 YEAR Month	# UNDER 1 YEAR Days	# UNDER 1 Mth. Hours	# UNDER 1 Mth. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student				10b. KIND OF BUSINESS OR INDUSTRY School		11. BIRTHPLACE (City and State or Foreign Country) Hornersville, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Charles H. Hurt				13b. MOTHER'S MAIDEN NAME Rose V. Damron				14. NAME OF HUSBAND OR WIFE None					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles H. Hurt, 3866 Lincoln							
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) Brain Tumor ANTECEDENT CAUSES Malignant 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 4 mos			
19a. DATE OF OPERATION 7-26-55		19b. MAJOR FINDINGS OF OPERATION: see above								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) 193X							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 7-23, 1955 , to 7-27, 1955 that I last saw the deceased alive on 7-27, 1955 , and that death occurred at 8:40A m. , from the causes and on the date stated above.													
23a. SIGNATURE Dean Woalsley					23b. ADDRESS 6944 CHIPPEWA			23c. DATE SIGNED 7-28-55					
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7/30/55		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery			24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri						
DATE REC'D BY LOCAL REG. JUL 28 1955		REGISTRAR'S SIGNATURE Carl Smith MD				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS PROVOST UND. CO., 3710 No. Grand Bl							

(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
Student Embalmer

Signed VE Morris

Licensed Embalmer No. 3360

P. O. Address St Louis, 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.