

FILED SEP 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28863

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. Halla Registrar's No. 61

1. PLACE OF DEATH
a. COUNTY Atchison
b. CITY (If outside corporate limits, write RURAL and give town) Tarkio
c. LENGTH OF STAY (in this place) 30 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION **

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Atchison
c. CITY OR TOWN Tarkio
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) 0030

3. NAME OF DECEASED
a. (First) JESSIE b. (Middle) PEARL c. (Last) HURST
4. DATE OF DEATH (Month) (Day) (Year) August 21, 1955

5. SEX female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single 8. DATE OF BIRTH April 21, 1882 9. AGE (In years last birthday) 73 4 months * days * hours * min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house keeper 10b. KIND OF BUSINESS OR INDUSTRY own home 11. BIRTHPLACE - (City and State or Foreign Country) Westboro, Missouri. 12. CITIZEN OF WHAT COUNTRY? 0

13a. FATHER'S NAME Henry P. Hurst 13b. MOTHER'S MAIDEN NAME Gemima A. Hurst 14. NAME OF HUSBAND OR WIFE single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Mrs. Rena Peck ADDRESS Tarkio, 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, asthenia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphosarcoma
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____
DUE TO (c) 2001.
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 _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 4/4/53 1953 to 8/21/55 1955, that I last saw the deceased alive on 8/21/55 1955, and that death occurred at 1 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. Medemer M.D. 23b. ADDRESS Tarkio, Missouri. 23c. DATE SIGNED 8/23/55

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE 8/23/55 24c. NAME OF CEMETERY OR CREMATORY Home Cemetery 24d. LOCATION (City, town, or county) (State) Tarkio, Mo.

DATE REC'D BY LOCAL REG. 9/14/1955 REGISTRAR'S SIGNATURE Mabel A. Scholes Reg. 25. FUNERAL DIRECTOR'S SIGNATURE Davis Funeral Home ADDRESS Tarkio, Mo.

(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 *Frost A. Browning*

Licensed Embalmer No. 3338

P. O. Address Tarkio, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.