

FILED SEP 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30450**

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **2056** Registrar's No. **235**

1. PLACE OF DEATH a. COUNTY RANDOLPH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY RANDOLPH	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) MODERLY	c. LENGTH OF STAY (In this place) 3 DAYS	c. CITY OR TOWN HUNTSVILLE	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION MC CORMICK HOSP		e. STREET ADDRESS (If rural, give location) WINTER NURSING HOME	

3. NAME OF DECEASED (Type or Print) a. (First) FANNIE	b. (Middle) ESRY	c. (Last) HURSON	4. DATE OF DEATH (Month) (Day) (Year) SEPT 22 1955
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH AUG 3 1864	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 22 YRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY HOUSE WIFE	11. BIRTHPLACE (City and State or Foreign Country) RANDOLPH CO MO	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME NUMA FERRY	13b. MOTHER'S MAIDEN NAME ---	14. NAME OF HUSBAND OR WIFE PIGGWAY EURTIS HURSON
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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 MRS CLAUDE GIPSON	ADDRESS HUNTSVILLE MO
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 12 hr
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Strangulated Inguinal Hernia (right)		
	DUE TO (c) Senility		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 5615			

19a. DATE OF OPERATION 9-20-55	19b. MAJOR FINDINGS OF OPERATION Strangulated R. Inguinal Hernia	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) ---
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ---	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? ---
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22. I hereby certify that I attended the deceased from **May 2, 1953**, to **Sept 22, 1955**, that I last saw the deceased alive on **Sept 22, 1955**, and that death occurred at **3:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Name or title) Maris C. Copley D.O.	23b. ADDRESS Huntsville Mo.	23c. DATE SIGNED 9-23-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9-24-55	24c. NAME OF CEMETERY OR CREMATORY HUNTSVILLE CEMETERY	24d. LOCATION (City, town, or county) (State) HUNTSVILLE MO
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DATE REC'D BY LOCAL REG. 9/24/55	REGISTRAR'S SIGNATURE L. A. W. Doe	25. FUNERAL DIRECTOR'S SIGNATURE Chas V. Stearns	ADDRESS Chas V. Stearns
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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 *Charles V. Green*.....

Licensed Embalmer No. *442*.....

P. O. Address *Clare*.....

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.