

FILED NOV 15 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32169

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>27</u>		PRIMARY REG. DIST. NO. <u>4031</u>		Registrar's No. <u>102</u>			
1. PLACE OF DEATH a. COUNTY <u>BATES</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Adrian</u>		c. LENGTH OF STAY (In this place) <u>Rural</u>		c. CITY OR TOWN <u>Butler</u>		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 <u>Hi-way #71, Deer Creek</u>				e. STREET ADDRESS (If rural, give location) <u>East Pine Street.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ARCIE</u>			b. (Middle) <u>LEE</u>		c. (Last) <u>HURT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 9 1955</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Dec. 31 1909</u>		9. AGE (In years last birthday) <u>45</u> if UNDER 1 YEAR Months Days if UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wholesale Beer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Distributor</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bates Co. Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Montie Hurt</u>			13b. MOTHER'S MAIDEN NAME <u>Nora Burris</u>			14. NAME OF HUSBAND OR WIFE <u>Dorothy Hurt</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>487-10-7073</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dorothy Hurt-Butler Missouri</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>Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH. <u>Instant</u>	
* ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>				DUE TO (b) <u>fractx decapitated, left arm</u>					
				DUE TO (c) <u>torn from body</u>					
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				<u>multiple fractures of body</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Dead on arrival at Accident</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>hwy 71</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Deer Creek Twp. Bates Missouri</u>					
21d. TIME OF INJURY <u>11-9-1955 5:45 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Automobile accident</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:45 PM</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Cloris Surber, Acting Embaler</u>				23b. ADDRESS <u>Butler Missouri</u>			23c. DATE SIGNED <u>11/11/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/12/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crescent Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Adrian Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Nov. 12-55</u>		REGISTRAR'S SIGNATURE <u>Russell Kerney</u>			FUNERAL DIRECTOR'S SIGNATURE <u>John G. Underwood</u>			ADDRESS <u>Butler Mo</u>	

(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.....  
*Robert G. Steinhilber*

Licensed Embalmer No. *4657*

P. O. Address *Butler, Pa.*

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.