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FILED OCT 17 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33699

State File No. ....

BIRTH NO. REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5574 Registrar's No. 166

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Prairie		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 8736 Wilson Road	
c. LENGTH OF STAY (in this place) 2 years		d. STREET ADDRESS (If rural, give location) K.C. 2nd R7D	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Jackson County Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Henry c. (Last) Hurst		4. DATE OF DEATH (Month) (Day) (Year) Oct 1 1955	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Dec 1874
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saw Mill work	11. BIRTHPLACE (State or foreign country) Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saw Mill work		10b. KIND OF BUSINESS OR INDUSTRY Penrod Co.	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Joseph Hurst	13b. MOTHER'S MAIDEN NAME Sarah O'Donnell	14. NAME OF HUSBAND OR WIFE Ella Hurst
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 499-09-4183	17. INFORMANT'S SIGNATURE OR NAME Mrs. Kathern Hurst	ADDRESS MO. 8729 Wilson Rd. Kansas Cit
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) ARTERIOsclerosis DUE TO (c) FRACTURED HIP 332XF		
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 <input type="checkbox"/> NO <input 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) (m.)	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 Dec 1953, to Oct 1955, that I last saw the deceased alive on Oct 1, 1955, and that death occurred at 6:50pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) David Waxman M.D.	23b. ADDRESS Jackson County Hospital	23c. DATE SIGNED 10-7-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE October 4-1955	24c. NAME OF CEMETERY OR CREMATORY Rose Bank Cemetery	24d. LOCATION (City, town, or county) (State) Mulberry Kansas
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DATE REC'D BY LOCAL REG. 10-2-55	REGISTRAR'S SIGNATURE N. Blangford	25. FUNERAL DIRECTOR'S SIGNATURE Mrs. C.L. Forster	ADDRESS MO. Funeral Home Kansas City
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(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 Raymond A. St. Emmer

Licensed Embalmer No. 4266

P. O. Address Kansas City

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.