

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

291

State File No. ....

FILED FEB 6 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (In this place) <b>1 Mo.</b>	c. CITY OR TOWN <b>St. Joseph</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Betty</b> b. (Middle) _____ c. (Last) <b>Hurt</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 24, 1956</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 18, 1935</b>
9. AGE (In years last birthday) <b>20</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Union Co. Ky.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Brady Wright</b>	
13b. MOTHER'S MAIDEN NAME <b>Coleene Myers</b>		14. NAME OF HUSBAND OR WIFE <b>Fred C. Hurt</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>406-42-9749</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Fred C. Hurt</b>		ADDRESS <b>1008 Lincoln St. City</b>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Chronic Parenchymatous nephritis with bilateral calculi rt. lower ureter</b> ANTECEDENT CAUSES 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. <b>604x</b>	
19a. DATE OF OPERATION <b>1-16-56</b>		19b. MAJOR FINDINGS OF OPERATION <b>Rt. ureterolithotomy with incision &amp; drainage, rt. perinephritic abscess.</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)			
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?			
22: I hereby certify that I attended the deceased from <u>1-5</u> , 19 <u>56</u> , to <u>1-24</u> , 19 <u>56</u> that I last saw the deceased alive on <u>1-24</u> , 19 <u>56</u> , and that death occurred at <u>9:05a</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Arthur W. Obering M.D.</b>		23b. ADDRESS <b>Tootle Building St. Joseph, Missouri</b>	
23c. DATE SIGNED <b>1-25-56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan. 27, 1956</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JAN. 30, 1956</b>		REGISTRAR'S SIGNATURE <b>Loethen M. Allison</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Herman W. Eidenladon</b>		ADDRESS <b>St. Joseph Mo.</b>	

(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 H. Joseph*

Licensed Embalmer No. 3308.....

P. O. Address St. Joseph, 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.