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No. 300
10.48

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1796

State File No.

BIRTH NO. REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY OR TOWN Lebanon
c. LENGTH OF STAY (in this place) 20 minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wallace Hospital

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

0830 /

3. NAME OF DECEASED (Type or Print) a. (First) Margarette b. (Middle) Jennie c. (Last) Hurt

4. DATE OF DEATH (Month) (Day) (Year) Jan. 18, 1956

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Dec. 7, 1896
9. AGE (In years last birthday) 59 IF UNDER 1 YEAR Months 1 Days 11 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cafe Waitress
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and State or Foreign Country) Paragould Arkansas U. S. A.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME unknown
13b. MOTHER'S MAIDEN NAME Rowena Morris
14. NAME OF HUSBAND OR WIFE Robert O. Hurt

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. 431-22-9794
17. INFORMANT'S SIGNATURE OR NAME Roy Hurt ADDRESS Springfield, 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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Right Basal Skull Fracture — INTERVAL BETWEEN ONSET AND DEATH 1 hr

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 15 mi. W. Lebanon Hwy 66 near Conway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Laclede (STATE) Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan. 18, 56 8:A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Car accident thrown from car

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* 8:40 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Paul A. Jenkins (Degree or title) M.D.
23b. ADDRESS Lebanon Mo
23c. DATE SIGNED 18 Jan 56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 1/19/56
24c. NAME OF CEMETERY OR CREMATORY Little Rock Ark.
24d. LOCATION (City, town, or county) (State) Little Rock, Arkansas

DATE REC'D BY LOCAL REG. 1-19-1956
REGISTRAR'S SIGNATURE Ella L. Day
25. FUNERAL DIRECTOR'S SIGNATURE Holman Funeral Home ADDRESS Lebanon Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Received 1-21-56
Laclede County Health Unit
File No. 4
Date Filed 1-21-56

APR 9 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Dorsey M. Howe

Licensed Embalmer No. 422

P. O. Address Lebanon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.