No. 300
10-48

FILED JUL 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21453

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 4405 Registrar's No. 277

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

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Green Ridge Twshp
c. LENGTH OF STAY (in this place): 90 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt 2 Green Ridge, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pettis
c. CITY OR TOWN: Green Ridge
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☒
e. STREET ADDRESS (If rural, give location): Rural Route 2 Emi. S.W. of Sedalia

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): F.
c. (Last): HURD

4. DATE OF DEATH (Month) (Day) (Year): July 12 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: Family Did Not Know
9. AGE (In years last birthday): If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

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

13a. FATHER'S NAME: C. B. Hurd
13b. MOTHER'S MAIDEN NAME: Eliza J. Jackson
14. NAME OF HUSBAND OR WIFE: Norma Bane Hurd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): Spanish American
16. SOCIAL SECURITY NO.: Not Known
17. INFORMANT'S SIGNATURE OR NAME: Rev. Ralph E. Hurd
ADDRESS: Sedalia, 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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Carcinoma of Liver	?
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Carcinoma of Colon	?
DUE TO (c)	—	
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Occlusion of Colostomy	?

19a. DATE OF OPERATION: April 1956
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of bowel with metastasis in liver 153X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 25, 1956, *to* July 12, 1956, *that I last saw the deceased alive on* July 1, 1956, *and that death occurred at* 4:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Chas D Shoune MD
23b. ADDRESS: Sedalia, Missouri
23c. DATE SIGNED: 7/13/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 15, 1956
24c. NAME OF CEMETERY OR CREMATORY: McKee Chapel Cemetery
24d. LOCATION (City, town, or county) (State): Rurial Pettis County

DATE REC'D BY LOCAL REG.: 7-14-56
REGISTRAR'S SIGNATURE: Lavina County Deputy
25. FUNERAL DIRECTOR'S SIGNATURE: Duane Ewing
ADDRESS: Sedalia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

25/0

JUL 20 1956

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R. E. Baker

Licensed Embalmer No 241

P. O. Address Sedal

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