

FILED OCT 23 1956

STANDARD CERTIFICATE OF DEATH

34802

STATE FILE NUMBER

Registration District No. 210 Primary Registration District No. 4322 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>Mercer</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u>						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Princeton</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Lucerne</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Axtel Hospital</u>				Length of stay in 1b <u>18 Days</u>		d. STREET (If outside, give location) ADDRESS <u>Medicine Township</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Ira</u> Middle <u></u> Last <u>Hurlburt</u>						4. DATE OF DEATH Month <u>Sept.</u> Day <u>30</u> Year <u>1956</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Jan. 2, 1873</u>		9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>28</u> Hours <u></u> Min. <u></u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		11. BIRTHPLACE (City and state or country) <u>Putnam County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13. FATHER'S NAME <u>Jessie Hurlburt</u>						14. MOTHER'S MAIDEN NAME <u>Lois Kaup</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Miss Alice Hurlburt R. F. D. Lucerne, Mo.</u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchopneumonia</u>								INTERVAL BETWEEN ONSET AND DEATH <u>Collaps. 17 days</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Fracture of 8<sup>th</sup> 9<sup>th</sup> + 10<sup>th</sup> ribs at side</u>						9121		3
		DUE TO (c) <u>Arteriosclerosis, Coronary sclerosis 10 yrd.</u>								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Ran over mid chest by a runaway tractor</u>							
20c. TIME OF INJURY Hour <u>1</u> p. m. Month <u>9</u> Day <u>12</u> Year <u>56</u>										
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>barnyard on farm</u>		20f. CITY, TOWN, OR LOCATION <u>near Lucerne</u>		COUNTY <u>Putnam</u>		STATE <u>Mo.</u>	
21. I attended the deceased from <u>9/12/56</u> to <u>9/30/56</u> and last saw <u>her</u> alive on <u>9/30/56</u> . Death occurred at <u>6:52 P. M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE <u>G. A. Dale</u> (Degree or title)						22b. ADDRESS <u>Newtown, Missouri</u>		22c. DATE SIGNED <u>10/3/56</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10/3/56</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Dickson Cemetery</u>			23d. LOCATION (City, town, or county) (State) <u>Putnam County, Missouri</u>			
24. FUNERAL DIRECTOR <u>Comstock Funeral Home</u> By <u>J. W. Comstock</u>				ADDRESS <u>Unionville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>10-4-56</u>		26. REGISTRAR'S SIGNATURE <u>Paul Malt</u>		

856

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 *James W. Comstock*.....

Licensed Embalmer No. *41*.....

P. O. Address *Ypsilanti*.....

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