

No. 300
10. 48

FILED DEC 3 1956 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **38972**

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **9**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE M. Sedalia b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give town or township) Sedalia	c. LENGTH OF STAY (in this place) 10 days	c. CITY OR TOWN Sedalia	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital		STREET ADDRESS (If rural, give location) Milner Hotel, 2nd and Lamine 080/0	

3. NAME OF DECEASED (Type or Print)	a. (First) GEORGE	b. (Middle)	c. (Last) HURD	4. DATE OF DEATH (Month) (Day) (Year) Nov. 24, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 9, 1870	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or as if retired) Farmer retired	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and State, or Foreign Country) Lafayette, White County, Indiana	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME C.B. Hurd	13b. MOTHER'S MAIDEN NAME Eliza J. Jackson	14. NAME OF HUSBAND OR WIFE Emma Wharton Hurd
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Ralph E. Hurd, Sedalia, Mo.	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Inanition - delayed shock		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture of neck of right femur 2 weeks DUE TO (c) Senile dementia		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 11/14/56	19b. MAJOR FINDINGS OF OPERATION Fracture of neck of femur at base!	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 080

22. I hereby certify that I attended the deceased from **11-9**, 19**56**, to **11/24**, 19**56**, that I last saw the deceased alive on **11-24**, 19**56**, and that death occurred at **11:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Charles D. House MD.	(Degree or title)	23b. ADDRESS Sedalia Mo	23c. DATE SIGNED 11-26-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/27/56	24c. NAME OF CEMETERY OR CREMATORY McKee Chapel Cemetery	24d. LOCATION (City, town, or county) (State) Rural Pettis County, Mo.
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DATE REC'D BY LOCAL REG. 11-27-1956	REGISTRAR'S SIGNATURE Lavinia Coody Dept.	25. GENERAL DIRECTOR'S SIGNATURE Thomas Ewing	ADDRESS Sedalia, Mo.
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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
Signature of Student Embalmer

Signed *Duane Ewing*

Licensed Embalmer No. *38*

P. O. Address *Sedalia*

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.