

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 18 1957

STATE FILE NUMBER **14377**

Registration District No. **316** Primary Registration District No. **3059** Registrar's No. **120**

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri.</b> b. COUNTY <b>St. Francois</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bonne Terre, Mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Bonne Terre, Mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Residence</b>			Length of stay in lb <b>1 Year</b>		d. STREET ADDRESS (If outside, give location) <b>616 Spruce St</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Shirley Ann Hurtz</b>				4. DATE OF DEATH <b>April 7 1957</b>				
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>March 22, 1936</b>		
9. AGE (In years - <sup>1/2</sup> birthday) <b>21</b>				10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>		
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				13. FATHER'S NAME <b>Elmer Hurtz</b>		14. MOTHER'S MAIDEN NAME <b>Ava Rawson</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Ava Walden .1201 Marceau, ST. Louis, Mo.</b>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>apparently cerebral hemorrhage.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>deceased was subject to epileptic seizures</b> DUE TO (c) <b>formally treated by Dallas J. Dyer, M.D. of St. Louis, Mo. last seen by him in Sept. 1956</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <b>St. Louis, Mo. last seen by him in Sept. 1956</b>							INTERVAL BETWEEN ONSET AND DEATH <b>3533</b>	
20a. ACCIDENT <input 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.) <b>No evidence other than natural causes</b>		
20c. TIME OF INJURY Hour <b>---</b> Month, Day, Year <b>---</b> a. m. <b>---</b> p. m. <b>---</b>		20d. INJURY OCCURRED WHILE AT WORK <input 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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>Bert J. Mullis</b> (Degree or title) <b>Coroner 3</b>				22b. ADDRESS <b>Farmington, Mo</b>		22c. DATE SIGNED <b>4/9/57</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>April 10, 1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>St. Francois Memorial Park</b>		23d. LOCATION (City, town, or county) (State) <b>Near Bonne Terre, Mo</b>		
24. FUNERAL DIRECTOR <b>Sparks Funeral Home.</b>		25. DATE RECD. BY LOCAL REG. <b>April 9, 1957</b>		26. REGISTRAR'S SIGNATURE <b>Ethel Rudloff</b>				

APR 18 1957

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 *Murphy L Spinks*  
Licensed Embalmer No. *423*  
P. O. Address *Flat River*

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.