

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24632**  
**3137**

No. 300  
10-48

FILED AUG 1 - 1957

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>					
b. CITY (If outside corporate limits, write RURAL and give town) <b>Kansas City</b>		c. LENGTH OF STAY (In this place township) <b>70 yrs</b>		c. CITY OR TOWN <b>Kansas City</b>		d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3328 Monroe</b>				STREET ADDRESS (If rural, give location) <b>3328 Monroe</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLES</b>			b. (Middle) <b>E.</b>		c. (Last) <b>HURSIG</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>7 5 57</b>		
5. SEX <b>Ma</b>		6. COLOR OR RACE <b>Wh</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>6-3-1885</b>		9. AGE (In years last birthday) <b>72</b> 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) <b>Ret. Employee</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Gas Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Kans</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Robert Hursig</b>			13b. MOTHER'S MAIDEN NAME <b>No Record</b>			14. NAME OF HUSBAND OR WIFE <b>Bertha Hursig</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) <b>XX</b>			16. SOCIAL SECURITY NO. <b>487-10-8846A</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Bertha Hursig, 3328 Monroe</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH		
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute ruptured stomach ulcer</b>					<b>acute</b>		
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cardiac Failure</b>					<b>chronic</b>		
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS							
		Conditions contributing to the death but not related to the disease or condition causing death.					<b>5400</b>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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?					
22. I hereby certify that I attended the deceased from <b>April, 1946, to July 5, 1957</b> , that I last saw the deceased alive on <b>July 5, 1957</b> , and that death occurred at <b>8:30 P. m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>James J. Ferguson</b>				23b. ADDRESS <b>410 Bryant Bldg</b>		23c. DATE SIGNED <b>7-5-57</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-7-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City Mo.</b>			
DATE REC'D BY LOCAL REG <b>7-7-57</b>		REGISTRAR'S SIGNATURE <b>Mona Minshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wagner Funeral Home</b>		ADDRESS <b>K 6 Mo</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD James T. Ferguson, M.D.

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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 *Alvin R. Haunschild*.....

Licensed Embalmer No. *418*

P. O. Address *K. C. W.*

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.