.S. No. 300
EV. 10.48

FILED FEB 3 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4284

BIRTH NO. _____ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 6277 Registrar's No. 2

1140
1

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

1. PLACE OF DEATH
a. COUNTY: WRIGHT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL (BOONE)
c. LENGTH OF STAY (In this place): 10 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4 mi N.W. HARTVILLE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: WRIGHT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL (BOONE) 1140
d. STREET ADDRESS (If rural, give location): 4 Mi. N.W. HARTVILLE

3. NAME OF DECEASED (Type or Print)
a. (First): ROBERT
b. (Middle): SAMUEL
c. (Last): HURLEY

4. DATE OF DEATH (Month) (Day) (Year): 1 - 22 - 58

5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 6-22-1876
9. AGE (In years last birthday): 81 — If under 1 year: Months 7, Days; If under 24 hrs.: Hours, Min.

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

13a. FATHER'S NAME: JAMES HURLEY
13b. MOTHER'S MAIDEN NAME: LOIS RUTLEDGE
14. NAME OF HUSBAND OR WIFE: DECEASED

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 ADDRESS: DAVE HUNTER HARTVILLE, 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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4222
20. AUTOPSY? 2 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* 5-20, 1957, *to* 1-22, 1958, *that I last saw the deceased alive on* 1-22, 1958, *and that death occurred at* 2:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. E. Worthy M.D.
23b. ADDRESS: Hartville Mo
23c. DATE SIGNED: 1-28-58

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 1/25/58
24c. NAME OF CEMETERY OR CREMATORY: EVENING SHADE
24d. LOCATION (City, town, or county) (State): MANES, MO. MO

DATE REC'D BY LOCAL REG.: 1/29/58
REGISTRAR'S SIGNATURE: Bonnie J. Jones
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Carlos Bledsoe Lehman, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 1-29-58
WRIGHT CO. HEALTH DE
County File Number 38-8-15
Date Filed 2-1-58

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 _____
Student Embalmer

Signed R W Barber

Licensed Embalmer No. 3848

P. O. Address Mtn. Grove Wo.

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 this body is not embalmed, fact should be so stated above.