

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036718

STATE FILE NUMBER

FILED OCT 21 1958

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 434

300
1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Independence 7105 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 126 E. Elm		Length of stay in lb 11 Yrs.	d. STREET ADDRESS (If outside, give location) 126 E. Elm Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First IRA Middle E. Last HURLBUT			4. DATE OF DEATH Month Oct. Day 11 Year 1958		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 3, 1886	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 4 Days 8	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Eng. Printing Press. Goss, Co.	11. BIRTHPLACE (City and state or county) Prairie Du Sac, Wis.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Ira D. Hurlbut		13b. MOTHER'S MAIDEN NAME Louise Specht		14. NAME OF HUSBAND OR WIFE Eunice A. Hurlbut	
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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. 308-26-1382	17. INFORMANT Address Eunice A. Hurlbut, 126 E. Elm, Indep. Mo.		
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis				INTERVAL BETWEEN ONSET AND DEATH 4200
DUE TO (b) Arteriosclerotic Heart Disease				
DUE TO (c) 				
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 checked="" type="checkbox"/> NO <input type="checkbox"/>

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.)		
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 					
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20d. INJURY OCCURRED WHILE AT <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 Independence, Mo.	
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 3:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.		
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22a. SIGNATURE (Degree or title) Geo. C. Carson		22b. ADDRESS 6677 Park St. S. C. Mo.		22c. DATE SIGNED 10-12-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 14, 58	23c. NAME OF CEMETERY OR CREMATORY Woodlawn Emetary	23d. LOCATION (City, town, or county) (State) Independence, Mo.
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24. FUNERAL DIRECTOR ADDRESS Geo. C. Carson & Sons, Indep. Mo.		25. DATE RECD. BY LOCAL REG. 10-14-58	26. REGISTRAR'S SIGNATURE [Signature]
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *J. H. Gibson*

Licensed Embalmer No. *4871*
P. O. Address *Indep. Mo.*

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.