

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-041212  
STATE FILE NUMBER

FILED NOV 18 1958 Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 468

300  
-57

1. PLACE OF DEATH a. COUNTY <b>ST FRANCIS</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>JEFFERSON</b>		
b. CITY (If outside of State limits, give name of township or village or hamlet or unincorporated place) <b>FARMINGTON-RURAL</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			c. CITY OR TOWN <b>HILLS BORO</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>MINERAL AREA</b>		Length of stay in hospital <b>15 minutes</b>	d. STREET ADDRESS (If outside, give location) <b>#14 St</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>EVA E. HURTGEN</b>			4. DATE OF DEATH <b>Nov 4 1958</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>FEB 18 1895</b>	9. AGE (In years last birthday) <b>63</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>	11. BIRTHPLACE (City and state or country) <b>SULLIVAN, MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Underwood</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>HERBERT HURTGEN</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>496-32-0495</b>	17. INFORMANT <b>HERBERT H. HURTGEN</b> Address <b>Hillsboro 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>Coronary Failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Arteriosclerosis &amp; Diabetes</b> DUE TO (c) <b>Cerebral hemorrhage</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>5 mo.</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>260X</b>		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
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 <b>July 6 1958</b> to <b>Nov. 4 1958</b> and last saw her alive on <b>Nov. 4 1958</b> Death occurred at <b>Hospital - Nov 4 1958</b> from the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (In care or title) <b>Chas. E. Mann, M.D.</b>			22b. ADDRESS <b>De Soto, Mo.</b>		22c. DATE SIGNED <b>11/5/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>11-8-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>HILLSBORO CEM</b>		23d. LOCATION (City, town, or county) <b>HILLSBORO</b>	(State) <b>Mo</b>
24. FUNERAL DIRECTOR <b>MAHN Funeral Home</b>		ADDRESS <b>De Soto, Mo</b>	25. DATE RECD. BY LOCAL REG. <b>Nov. 10, 1958</b>	26. REGISTRAR'S SIGNATURE <b>Ether Rudloff</b>	

MEDICAL CERTIFICATION  
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 *Samuel J. Mahu*  
Licensed Embalmer No. *4326*  
P. O. Address *1040 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.