Health, Welfare ublic ervice

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-009240

STATE FILE NUMBER

FILED MAR 24 1959 Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY Iron	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Iron
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ironton — Inside Limits Yes # No ☐	c. CITY OR TOWN Arcadia c 470 — Inside Limits Yes ☐ No #
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St.Mary's Hosp. — Length of stay in lb 2 da	d. STREET ADDRESS (If outside, give location) ¼ mi. N. of Ironton — Reside on Farm Yes ☐ No #

3. NAME OF DECEASED (Type or print) First WILLIE Middle Last HURST		4. DATE OF DEATH Month Day Year Mar 7 1959	
5. SEX male c	6. COLOR OR RACE white	7. MARRIED ☐ NEVER MARRIED # WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Apr. 24 1898
9. AGE (In years last birthday) 60	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) Laborer	10b. KIND OF BUSINESS OR INDUSTRY saw mill	11. BIRTHPLACE (City and state or country) Arcadia Mo. c	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William Hurst	13b. MOTHER'S MAIDEN NAME Martha Carnahan	14. NAME OF HUSBAND OR WIFE ##	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Address Harvey Hurst, Ironton Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH ?

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Thrombo Phlebitis — 10 days.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 464X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ c

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 3-1-59 to 3-7-59 and last saw her/him alive on 3-7-59

Death occurred at 6.50 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Bridge H. Day M.D. c	22b. ADDRESS Ironton - Mo.	22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 3-11-59	23c. NAME OF CEMETERY OR CREMATORY Arcadia Valley Memorial Park, Ironton Mo.	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR ADDRESS White Funeral Home, Ironton Mo. Ancil White	25. DATE RECD. BY LOCAL REG. 3-12-59	26. REGISTRAR'S SIGNATURE Mrs Avis Jones	

(Licensed Embalmer's Statement on Reverse Side)

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 Russell J. White .....

Licensed Embalmer No. 3012 .....

P. O. Address Ironton 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.