

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-021448  
STATE FILE NUMBER 2585

FILED JUN 17 1959

Registration District No. 149 Primary Registration District No. 1502 Registrar's No.

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 KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION TRINITY LUTHERAN		Length of stay in lb 35 YRS.	d. STREET ADDRESS (If outside, give location) 407 NORTH LAWN Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last HARRY BUFORD HURR			4. DATE OF DEATH Month Day Year MAY 24, 1959
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 MARCH 26, 1924 35
10a. USUAL OCCUPATION (Give kind of work done during most of working life) FIELD SUPERVISOR		10b. KIND OF BUSINESS OR INDUSTRY J.C.; PENNY	11. BIRTHPLACE (City and state or country) KANSAS CITY, MO;
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME BURORD H.; HURR	
13b. MOTHER'S MAIDEN NAME NELLIE MORRIS		14. NAME OF HUSBAND OR WIFE JULIA HURR	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or (Known) (If yes, give branch of service)) YES W.W.#11		16. SOCIAL SECURITY NO. 499-18-3969	17. INFORMANT JULIA HURR Address 407 N. LAWN K.C. Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myelogenous Leukemia DUE TO (b) Chronic myelogenous Leukemia - 9 years DUE TO (c) Cause unknown			INTERVAL BETWEEN ONSET AND DEATH 2041
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 type="checkbox"/> NO <input checked="" 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.)	
20c. TIME OF INJURY Hour a.m. p.m.		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 ST. COUNTY STATE	
21. I attended the deceased from Oct 1958 to May 1959 and last saw him alive on 5-24-59 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Don Carlos Peete		22b. ADDRESS 1500 Prof. Bldg	
22c. DATE SIGNED 5-25-59		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE 5-26-59		23c. NAME OF CEMETERY OR CREMATORY MT; MORTAH CEM.	
23d. LOCATION (City, town, or county) KANSAS CITY, MO.		23e. (State)	
24. FUNERAL DIRECTOR C; H. BLACKMAN & SON INC.		25. DATE RECD. BY LOCAL REG. 5-25-59	
26. REGISTRAR'S SIGNATURE Reva Minshall			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Don Carlos Peete

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 *W. C. Quinn* .....

Licensed Embalmer No. *4829* .....

P. O. Address *T. C. 22* .....

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.