

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027817

FILED VS. JUL 23 1959 28

Primary Registration District No. 3070

Registrar's No. 28

STATE FILE NUMBER

DEED

1. PLACE OF DEATH a. COUNTY SCOTT				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY SCOTT			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KELSO TWP		Length of stay in lb 26 YRS		c. CITY OR TOWN CHAFFEE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 mi. EAST OF CHAFFEE, Mo				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) RFD # 1	
3. NAME OF DECEASED (Type or print) First Ivey Middle (NMN) Last HURT				4. DATE OF DEATH Month July Day 7 Year 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 8-7-1894	
9. AGE (last birthday) 64		IF UNDER 1 YEAR Months 11 Days 8		IF UNDER 24 HR Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rlwy. Machinist (Ret.)				10b. KIND OF BUSINESS OR INDUSTRY Ctn. Belt Railroad		11. BIRTHPLACE (City and state or country) JOPPA, Illinois	
12. CITIZEN OF WHAT COUNTRY U.S.A							
13a. FATHER'S NAME TOM HURT			13b. MOTHER'S MAIDEN NAME CORDELIA OGDEN			14. NAME OF HUSBAND OR WIFE BESSIE ERMA HURT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI				16. SOCIAL SECURITY NO. 702-09-6389		17. INFORMANT Address Mrs. Ivey HURT - Rt. 1 - Chaffee, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Sudden death, unknown natural causes						Instant	
DUE TO (b) Probable Congestive heart failure							
DUE TO (c) Heart disease						10 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input 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.)			
20c. TIME OF INJURY Hour a.m. p.m. 		Month, Day, Year 					
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 1947 to 11/23/57 and last saw ^{her} him alive on May-1959 Death occurred at about 12:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) W O Mumby M D				22b. ADDRESS 106 S. Main Chaffee, Mo.		22c. DATE SIGNED 7/10/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE July 10, 1959		23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEM.		23d. LOCATION (City, town, or county) (State) CAPE COUNTY, Missouri	
24. FUNERAL DIRECTOR ADDRESS Bispinghoff Funeral Home - Chaffee, Mo.				25. DATE RECD. BY LOCAL REG. July 18-1959		26. REGISTRAR'S SIGNATURE Mrs. Ivey HURT	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jack T. Burnett
Licensed Embalmer No. 4473

P. O. Address Chaffee, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.