

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041213

FILED VS. DEC 7 1959 274

3052

386

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

ENDED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Pettis	b. CITY (If outside corporate limits, give TOWNSHIP only) Sedalia	a. STATE Missouri	b. COUNTY Pettis
Length of stay in 1b		c. CITY OR TOWN Sedalia	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital		d. STREET ADDRESS (If outside, give location) 325 N. Quincy	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First Charlie	Middle William	Last Hurt	4. DATE OF DEATH	Month Dec.	Day 1,	Year 1959
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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 3-31-1902	9. AGE (last birthday) 57	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman	10b. KIND OF BUSINESS OR INDUSTRY Pettis County, Fire Department	11. BIRTHPLACE (City and state or country) Pettis County, Missouri USA	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME J. Warren Hurt	13b. MOTHER'S MAIDEN NAME Mayme Pollard	14. NAME OF HUSBAND OR WIFE Mrs. Anna Marie Hurt
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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. 491-07-5030	17. INFORMANT Mrs. Ann Shelley, Sedalia, Missouri
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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:		INTERVAL BETWEEN ONSET AND DEATH Sudden
IMMEDIATE CAUSE (a) Coronary occlusion		
DUE TO (b) _____		
DUE TO (c) _____		
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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____
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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 _____
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21. I attended the deceased from **as Coroner** and last saw her/him alive on _____
Death occurred at **12:20 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Ches Gordon Steffenbach MD</i> (Degree or title)	22b. ADDRESS Coronary Pct. Co	22c. DATE SIGNED 12-1-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 3, 1959	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State) Sedalia, Pettis Missouri
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24. FUNERAL DIRECTOR D. W. Heckart, Sedalia, Missouri	ADDRESS _____	25. DATE RECD. BY LOCAL REG. 12-3-1959	26. REGISTRAR'S SIGNATURE <i>Frances Shelby</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF.

650 47 670 ST

SA 1678 1960

JAN 11 1960

JAN 13 1960

JAN 26 1960

JAN 11 1960

STATEMENT BY LICENSED EMBALMER

JAN 19 1960

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 D. L. Shaffer

Licensed Embalmer No. 5063

P. O. Address Sedalia, Miss

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.