

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004804

Registration District No. **352** Primary Registration District No. _____ Registrar's No. **8** STATE FILE NUMBER

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

3. NAME OF DECEASED (Type or print) First GOLDIE Middle MAMIE Last HURST			4. DATE OF DEATH Month 2 Day 1 Year 1960		
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5. SEX Female	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 12/23/18	9. AGE (last birthday) 41	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) House wife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Thornfield, Mo	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Do Not Know	13b. MOTHER'S MAIDEN NAME Stella Lawson	14. NAME OF HUSBAND OR WIFE Bernie Hurst
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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. No	17. INFORMANT Bernie Hurst, Bradeyville, Mo. Address
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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: IMMEDIATE CAUSE (a) adenocarcinoma breast R. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) metastatic adenocarcinoma DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 1-1-58
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 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.)
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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 _____
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21. I attended the deceased from 1-1-58 to 2-1-60 and last saw her alive on 1-28-60 Death occurred at 12.50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) Dr. C. P. Hurlan D.O.	22b. ADDRESS Arva Mo	22c. DATE SIGNED 2-1-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-3-60	23c. NAME OF CEMETERY OR CREMATORY Thornfield	23d. LOCATION (City, town, or county) (State) Thornfield, Missouri
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24. FUNERAL DIRECTOR Clinkingbeard Funeral Home, Arva, Mo. ADDRESS	25. DATE RECD. BY LOCAL REG. 2-4-60	26. REGISTRAR'S SIGNATURE Helen Campbell
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

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

Charles R. Fish

Licensed Embalmer No. *4660*

P. O. Address *Avon MA*

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.