

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-018094

FILED VS MAY 4 1960

360

3076

89

STATE FILE NUMBER

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

| | | | | | | | | |
|--|---|---|--|--|---|--|---|-------|
| 1. PLACE OF DEATH a. COUNTY <u>Vernon</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u> | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u> | | Length of stay in 1b <u>2 yrs</u> | | c. CITY OR TOWN <u>Rich Hill</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Tate Nursing Home</u> | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>1012 E. Walnut St</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>VERNEY WALTER HURSH</u> | | | | 4. DATE OF DEATH Month Day Year <u>April 20 1960</u> | | | | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>11/9/90</u> | 9. AGE (last birthday) <u>69</u> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>carpenter</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>building</u> | | 11. BIRTHPLACE (City and state or country) <u>Minnesota</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | |
| 13a. FATHER'S NAME <u>Clark Hursh</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Minnie Krause</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Lina Hursh</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u> <u>W.W.I</u> | | | 16. SOCIAL SECURITY NO. <u>491-05-9383</u> | | 17. INFORMANT Address <u>Mrs Lina Hursh-Rich Hill, Missouri</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral vascular accident</u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>48 hours</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | DUE TO (b) <u>Cerebral arteriosclerosis</u> | | | | | Unknown | |
| DUE TO (c) _____ | | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Recent bronchial pneumonia, a minor C.V.A. and Diabetes.</u> | | | | | | 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.) | | | | | | |
| 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 <u>December 28, 1957</u> , to <u>April 14, 1960</u> and last saw <u>him</u> alive on <u>April 14, 1960</u> Death occurred at <u>Nevada, Missouri</u> <u>7:10 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE <u>L. P. McCann</u> (Degree or title) <u>L. P. McCann, M.D.</u> | | | | 22b. ADDRESS <u>Moore Bldg., Nevada, Missouri</u> | | | 22c. DATE SIGNED <u>4/25/'60</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 23b. DATE <u>4/23/60</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn Cemetery</u> | | 23d. LOCATION (City, town, or county) <u>Rich Hill, Missouri</u> | | (State) | | |
| 24. FUNERAL DIRECTOR <u>Booth Funeral Serv. Rich Hill, Mo.</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>4-27-1960</u> | | 26. REGISTRAR'S SIGNATURE <u>Anna E. Jerry</u> | | |

DEED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

1961 MAY 4

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

John W. Underwood

Licensed Embalmer No. 358

P. O. Address Butler, Pa.

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.