

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 23 1960

=60-022057

STATE FILE NUMBER

Registration District No. 352 Primary Registration District No. \_\_\_\_\_ Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <b>Taney</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Taney</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Taneyville</b>		Length of stay in 1b <b>years</b>		c. CITY OR TOWN <b>Taneyville</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>residence</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>rural</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>ELZA ELLIS ACRO HURD</b>				4. DATE OF DEATH Month <b>May</b> Day <b>14</b> Year <b>1960</b>				
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>5-28-1915</b>	9. AGE (last birthday) <b>44</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>16</b>	IF UNDER 24 HR Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>stock</b>		11. BIRTHPLACE (City and state or country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>George Hurd</b>			13b. MOTHER'S MAIDEN NAME <b>Ellen Hammond</b>			14. NAME OF HUSBAND OR WIFE <b>Juanita Hurd</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>			16. SOCIAL SECURITY NO. <b></b>		17. INFORMANT Address <b>Mrs Juanita Hurd Taneyville, Mo</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>gunshot wound in head</b>							INTERVAL BETWEEN ONSET AND DEATH <b>instant</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: 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 checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input checked="" type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>person shot himself</b>				
20c. TIME OF INJURY Hour <b>5:15</b> a.m. <b>am</b>		Month, Day, Year <b>5-14-60</b>						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		20f. CITY, TOWN, OR LOCATION <b>Taneyville, Taney, Missouri</b>		COUNTY		STATE
21. I attended the deceased from <b>never</b> to <b>never</b> and last saw her/him alive on <b>none</b> Death occurred at <b>5:15 am</b> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>Walter Cobb Caron Taney Co</b>				22b. ADDRESS <b>Branson Mo</b>			22c. DATE SIGNED <b>5/14/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>5-18-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Helphrey Cemetery</b>		23d. LOCATION (City, town, or county) <b>Taneyville, Mo</b>				
24. FUNERAL DIRECTOR <b>Forsyth Funeral Home, Forsyth, Mo</b>				25. DATE RECD. BY LOCAL REG. <b>5-17-60</b>		26. REGISTRAR'S SIGNATURE <b>Walter Campbell</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 25

**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 Walter Cobb

Licensed Embalmer No. 473

P. O. Address Transton

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