

REDUCTION OF HEALTH - STANDARD CERTIFICATE OF DEATH

ED VS JUN 20 1960

=60-022269

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 78

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Bates</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Bates</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Butler, Missouri</u>		Length of stay in 1b <u>1 Day</u>		c. CITY OR TOWN <u>Butler, Missouri</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>Butler Memorial Hosp</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Butler, Missouri</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Max</u> Last <u>Hurt</u>				4. DATE OF DEATH Month <u>June</u> Day <u>13</u> Year <u>1960</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-1-1929</u>	9. AGE (last birthday) <u>31</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dairy Fieldman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dairy Fieldman</u>		11. BIRTHPLACE (City and state or country) <u>Bates County MO.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Bryan Hurt</u>		13b. MOTHER'S MAIDEN NAME <u>Leota Andrews</u>		14. NAME OF HUSBAND OR WIFE <u>Patty Hurt</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Korean Conflict</u>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Patty Hurt Butler, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH <u>10 mo.</u>	
IMMEDIATE CAUSE (a) <u>Broad tumor - glioblastoma.</u>							
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 type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>None</u>					
20c. TIME OF INJURY Hour Month, Day, Year <u>None</u>							
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.) <u>None</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from <u>1959 30</u> to <u>6/12/60</u> and last saw him alive on <u>6/12/60</u> Death occurred at <u>1 30 A</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Douglas Howard III</u> Degree or title				22b. ADDRESS <u>Butler, Missouri</u>		22c. DATE SIGNED <u>6/15/60</u>	
23a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>6-15-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oakhill Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Butler, Missouri</u>		
24. FUNERAL DIRECTOR ADDRESS <u>Guver-Underwood Butler, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>JUNE-15-1960</u>		26. REGISTRAR'S SIGNATURE <u>Kendall Terry</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 21 1960

APP 9 6 1961

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 Robert L. Steinbeck

Licensed Embalmer No. 465

P. O. Address Beth, N.J.

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