

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-023678

INDEXED

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

Registration District No. 172 Primary Registration District No. 4272 Registrar's No. 60 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waverly		Length of stay in 1b 42 years	c. CITY OR TOWN Waverly
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kelling Clinic		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ✓
3. NAME OF DECEASED (Type or print) First James Middle E. Last Hurlburt		4. DATE OF DEATH Month June Day 23 Year 1960	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-16-1886
10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Railroad	9. AGE (last birthday) 79
13a. FATHER'S NAME Samuel Hurlburt		13b. MOTHER'S MAIDEN NAME Harriet Ann Spencer	14. NAME OF HUSBAND OR WIFE Fannie Parker Hurlburt
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. None	17. INFORMANT Address Gus Hurlburt, Carrollton, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cerebral hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 6/16/60
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerosis generalized			????
DUE TO (c) cardio vascular renal disease			??
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.)	
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>3/23/55</u> to <u>6/24/60</u> and last saw him alive on <u>6/24/60</u> Death occurred at <u>4:25 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Douglas Kelling M.D.</i>		22b. ADDRESS Waverly, Missouri	22c. DATE SIGNED 6/25/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-26-1960	23c. NAME OF CEMETERY OR CREMATORY Waverly Cemetery	23d. LOCATION (City, town, or county) (State) Waverly, Mo.
24. FUNERAL DIRECTOR ADDRESS GIBSON FUNERAL HOME, WAVERLY, MO.		25. DATE RECD. BY LOCAL REG. June. 25. 60	26. REGISTRAR'S SIGNATURE <i>Lutie Gordon Jordan</i>

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

James F. Gibson

Licensed Embalmer No. 5076

P. O. Address Carrollton,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license).

- o If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
- o If this body is not embalmed, fact should be so stated above.