MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-014808
STATE FILE NUMBER

AMENDED

Registration District No. 301 Primary Registration District No. _____ Registrar's No. 24

FILED APR 19 1961

1. PLACE OF DEATH
a. COUNTY Ripley
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Naylor — Length of stay in 1b: 1 Yr.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pemiscot
c. CITY OR TOWN Portageville — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R. R. 2 — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Modest Middle: Lee Last: Hurley
4. DATE OF DEATH Month: April Day: 5 Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 12-31-1876
9. AGE (last birthday): 84
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): House-wife
10b. KIND OF BUSINESS OR INDUSTRY: x
11. BIRTHPLACE (City and state or country): Tennessee
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): x
16. SOCIAL SECURITY NO.: x
17. INFORMANT: Roy Hurley Address: Portageville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — Years
DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Bronchial Asthma
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Oct. 31, 1960, to April 5, 1961 and last saw her alive on April 3, 1961
Death occurred at 11:55 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. L. Smith (Degree or title) D.D.
22b. ADDRESS Box 68, Naylor, Mo.
22c. DATE SIGNED 4-10-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-8-61
23c. NAME OF CEMETERY OR CREMATORY: Dry Bayou Cemetery
23d. LOCATION (City, town, or county) (State): R.1 Hayti, Mo.

24. FUNERAL DIRECTOR: Osburn Funeral Home, Wardell, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG.: 4-14-61
26. REGISTRAR'S SIGNATURE: Flava Broz

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed James G. Osburn

Licensed Embalmer No. 4185

P. O. Address Wardell, Mo.

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.