MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-030133
STATE FILE NUMBER

AMENDED

Registration District No. 247 Primary Registration District No. 3045 Registrar's No. 53

FILED AUG 23 1961

1. PLACE OF DEATH
a. COUNTY: Mississippi
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Charleston
Length of stay in 1b: 12 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 507 W. Cleveland
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY: Miss.
c. CITY OR TOWN: Charleston
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 507 W. Cleveland
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Rollie Middle: Curtis Last: Hust
4. DATE OF DEATH: Month: August Day: 2 Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 11/9/85
9. AGE (last birthday): 76
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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Stave Mill
11. BIRTHPLACE (City and state or country): Mt. Carmel, Ill.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Maggie Davis Hurst
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: William Hust, Address: Charleston

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): Bowel obstruction — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): metastatic Carcinoma of abdomen
DUE TO (c): Carcinoma of the liver
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. ☐ 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 July 26/61, to Aug. 2/61 and last saw ~~her~~ him alive on Aug. 2/61
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: [illegible] (Degree or title) D.O.
22b. ADDRESS: Charleston Mo.
22c. DATE SIGNED: 8-18-61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8/4/61
23c. NAME OF CEMETERY OR CREMATORY: Oak Grove
23d. LOCATION (City, town, or county) (State): Charleston, Missouri
24. FUNERAL DIRECTOR ADDRESS: McMikle, Charleston, Mo.
25. DATE RECD. BY LOCAL REG.: 8-18-61
26. REGISTRAR'S SIGNATURE: Dorothy B. Hathorn

(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 BRUCE R. AUSTIN, Student Embalmer No. 613 working under my personal supervision.

Student Bruce R. Austin
Signature of Student Embalmer

Signed Elgin McMatte

Licensed Embalmer No. 4695

P. O. Address Charleston, Ill.

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.