

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-51-036978

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 249 Primary Registration District No. 1002 Registrar's No. 5233

AMENDED

**FILED OCT 27 1961**

DATE AMENDED

INSTEAD OF

DOCUMENT

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b>   |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b> |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>KANSAS CITY</b>   |  | Length of stay in 1b<br><b>26 days</b>  | c. CITY OR TOWN <b>INDEPENDENCE</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>BAPTIST MEMORIAL HOSP.</b>  |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><b>1400 APPLETON</b>                        |  |
| Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |   |  |  |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>GLENNA</b> Middle <b>LEA</b> Last <b>HURST</b>  |  |   | 4. DATE OF DEATH<br>Month <b>OCTOBER</b> Day <b>19</b> , Year <b>1961</b>  |  |  |
| 5. SEX<br><b>FEMALE</b>   | 6. COLOR OR RACE<br><b>WHITE</b>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>7-6-1894</b>  | 9. AGE (last birthday)<br><b>67</b>  | IF UNDER 1 YEAR<br>Months Days Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>HOUSEWIFE</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>DOMESTIC</b>  | 11. BIRTHPLACE (City and state or country)<br><b>INDEPENDENCE, MO.</b>   |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |
| 13a. FATHER'S NAME<br><b>JOHN MASTERSON</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>MARY LEHMER</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>ROBERT LEE HURST -Dec'd.</b>                               |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b>   |  | 16. SOCIAL SECURITY NO.<br><b>NO</b>  |  | 17. INFORMANT<br><b>Robert Lee Hurst, Jr. 1400 Appleton, Indep.</b>                          |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Carcinomatosis from Ca of Breast</b>   |  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>13 years</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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.) |  |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>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>1948</u> to <u>19 Oct 61</u> and last saw <sup>her</sup> him alive on <u>19 Oct 61</u><br>Death occurred at <u>12 noon 19 Oct 61</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |  |  |
| 22a. SIGNATURE (Degree or title)<br><b>Herbert Virden, M.D.</b>   |  |   | 22b. ADDRESS<br><b>Baptist Memorial Hosp.</b>  |  | 22c. DATE SIGNED<br><b>19 Oct 61</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>  | 23b. DATE<br><b>10-21-1961</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>WOODLAWN CEMETERY</b>  |  | 23d. LOCATION (City, town, or county) (State)<br><b>INDEPENDENCE, MISSOURI</b>               |  |
| 24. FUNERAL DIRECTOR<br><b>GEO. C. CARSON &amp; SONS, INDEPENDENCE, MO.</b>   |  |   | 25. DATE RECD. BY LOCAL REG.<br><b>10-19-61</b>  | 26. REGISTRAR'S SIGNATURE<br><b>Ruth H. Long</b>   |  |

STATE OF MISSISSIPPI

**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 Charles F. Tye

Licensed Embalmer No. 4534

P. O. Address Liberty 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.