

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044787

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5940 STATE FILE NUMBER

FILED DEC 18 1961

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
Length of stay in 1b 4 Yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mary Pratt Nursing Home		d. STREET ADDRESS (If outside, give location) 5812 E. 16th St. Terr.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Thomas Middle Allen Last Hurst			4. DATE OF DEATH Month Nov. Day 26 Year 1961		
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5. SEX Ma	6. COLOR OR RACE Wh	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-22-79	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Platte Co., Missouri	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Levi A. Hurst	13b. MOTHER'S MAIDEN NAME Gertrude McClane	14. NAME OF HUSBAND OR WIFE Lela Hurst
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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 Lela Hurst Address 5812 E. 16th St. Terr. Kansas City, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 2 days.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Myocardial decompensation		2 mo.
	DUE TO (c) Senility		
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.)
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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 checked="" 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 _____
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21. I attended the deceased from Sept-1, 1961 to Nov-26, 1961 and last saw her/him alive on Nov-26, 1961
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Kenneth Adler, D.O.	22b. ADDRESS 5811 Truman Rd.	22c. DATE SIGNED 11-27-61
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23a. NORMAL CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-28-61	23c. NAME OF CEMETERY OR CREMATORY Ridgeley Cemetery	23d. LOCATION (City, town, or county) (State) Platte Co., Missouri
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24. FUNERAL DIRECTOR ADDRESS McComas Funeral Home Smithville, Mo.	25. DATE RECD. BY LOCAL REG. 11-27-61	26. REGISTRAR'S SIGNATURE Ruth Long
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Kenneth Adler

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 Donald W. Hanks

Licensed Embalmer No. #528

P. O. Address Smithville, 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.