MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-005510
STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 147

AMENDED

FILED MAR 12 1962

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia — Length of stay in Ib 29 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION University of Mo. Medical Center — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Grundy
c. CITY OR TOWN Trenton — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 40 Town & Country — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Henry Middle Palmer Last Hurst
4. DATE OF DEATH Month March Day 9 Year 1962
5. SEX male
6. COLOR OR RACE white
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 2/28/23
9. AGE (last birthday) 39
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) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Dairy Supplies
11. BIRTHPLACE (City and state or country) Mo.
12. CITIZEN OF WHAT COUNTRY United States of America
13a. FATHER'S NAME Ben Hurst
13b. MOTHER'S MAIDEN NAME Bessie Shillsy
14. NAME OF HUSBAND OR WIFE Loma Hurst
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 1944 – 1946
16. SOCIAL SECURITY NO. –
17. INFORMANT University of Missouri Medical Records Address

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) Respiratory failure — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinomatosis — 2 mos
DUE TO (c) Adenocarcinoma of Rectum — 2 yrs
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 2-26-62, to 3-9-62 and last saw ~~her~~ him alive on 3-9-62
Death occurred at 10:45 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H. Peter Ekere, M.D. (Degree or title)
22b. ADDRESS U. Hosp. - Columbia
22c. DATE SIGNED 3-9-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9-11-1962
23c. NAME OF CEMETERY OR CREMATORY Rest Haven
23d. LOCATION (City, town, or county) (State) Trenton, Mo.

24. FUNERAL DIRECTOR Lyman Funeral Home ADDRESS Columbia, Mo.
25. DATE RECD. BY LOCAL REG. Mar. 9 1962
26. REGISTRAR'S SIGNATURE Mrs. R.E. Palmer

(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)

MAR 20 1962

MAY 23 1962

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 Lyman Donnelle

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.