

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043657

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 137

Primary Registration District No. 5511

Registrar's No. 292

FILED NOV 18 1963

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Field's Creek</u>		c. CITY OR TOWN <u>R R # 6 Clinton Mo</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>3 Mi West of Clinton</u>		d. STREET ADDRESS <u>Route 7 West of Clinton</u>	
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Whitaker</u> Last <u>Hursh</u>		4. DATE OF DEATH Month <u>Nov</u> Day <u>8</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-13-1910</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>		11. BIRTHPLACE (City and state or country) <u>St Clair Co Mo</u>	
13a. FATHER'S NAME <u>Francis W Hursh</u>		14. NAME OF HUSBAND OR WIFE <u>Mr, s K Evans Osceola Mo</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		17. INFORMANT <u>Mr, s K Evans</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): <u>Compound Skull Fracture</u> DUE TO (b): <u>Loss of Brain Substance</u> DUE TO (c): Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>	
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 checked="" 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.) <u>2 car accident + Highway 7- Mo.</u>	
20c. TIME OF INJURY Hour <u>11:30</u> p.m. Month, Day, Year <u>11-8-63</u>		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.) <u>Highway 7- Mo.</u>		20f. CITY, TOWN, OR LOCATION <u>Route 7- Mo.</u>	
20g. COUNTY <u>Henry</u>		20h. STATE <u>Mo.</u>	
21. I attended the deceased from <u>unattended</u> to <u>her</u> and last saw her alive on <u>11:30 p</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Richard H. King M.D.</u>		22b. ADDRESS <u>106 S. 3rd Clinton Mo</u>	
22c. DATE SIGNED <u>11-12-63</u>		22d. LOCATION (City, town, or county) <u>Osceola Missouri</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11-10-63</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Osceola Cem</u>		23d. LOCATION (City, town, or county) <u>Osceola Missouri</u>	
24. FUNERAL DIRECTOR <u>Goodrich Funeral Home Osceola Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Nov. 12, 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

JAN 14 1964

JAN 2 1964

JAN 2 1964

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 R. L. Dunsay

Licensed Embalmer No. 4710

P. O. Address Clinton 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.

Permit Obtained 11-12-63

(121B)