

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048585

STATE FILE NUMBER

Registration District No. 176 Primary Registration District No. 5656 Registrar's No. 216

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 20 1963

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Everton (Lawrenceburg)</u>		Length of stay in 1b <u>40 yrs</u>	c. CITY OR TOWN <u>Everton (Lawrenceburg)</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Ozark Jun.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS <u>Rt. 2 Ozark Jun.</u> (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Joe</u> Middle <u>Earl</u> Last <u>Hurst</u>			4. DATE OF DEATH Month <u>December</u> Day <u>10</u> Year <u>1963</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-3-1894</u>	9. AGE (last birthday) <u>69</u>	IF UNDER 1 YEAR Months _____ Days _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Everton, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joe Hurst</u>			13b. MOTHER'S MAIDEN NAME <u>Emily Hayes</u>		14. NAME OF HUSBAND OR WIFE <u>Esther Hurst</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW I</u>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Mrs. Esther Hurst, Everton, Mo.</u> Address <u>Rt. 2</u>		
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Toxemia</u>				<u>72 hours</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				DUE TO (b) <u>Carcinomatosis</u> <u>4 months</u>	
				DUE TO (c) <u>Carcinoma of stomach metastatic</u> <u>2 years</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)			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		
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 Hour _____ a.m. _____ p.m. 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 July 1957 to Dec. 10, 1963 and last saw ^{xxx}him alive on Dec. 10, 1963
Death occurred at 4:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Joseph F. Matz, D.O.</u>		22b. ADDRESS <u>Ash Grove, Missouri</u>		22c. DATE SIGNED <u>12-11-63</u>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-13-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Johns Chapel Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Ash Grove, Mo.</u>		
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24. FUNERAL DIRECTOR <u>Brim-Daniel, Inc. Ash Grove, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-16-1963</u>	26. REGISTRAR'S SIGNATURE <u>W. S. Burney</u>		
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

VS 300
 Rev. 4/59
10550
20550
 3
 4 0
 5 1
 6
 7 0
 8 2
9151X
 10
 11
12 90-2
13 20

USE BLACK INK OR TYPEWRITER RIBBON

DEC 23 1963

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 Joseph L. Samuel

Licensed Embalmer No. 4702

P. O. Address 2411 7th St

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.