

FILED AUG 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22855**

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4214** Registrar's No. **119**

0420
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Deepwater, Missouri. Henry.		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri. b. COUNTY Henry.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Deepwater, Mo.	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Deepwater, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Nellie	b. (Middle) Ellanore	c. (Last) Hurst.	4. DATE OF DEATH (Month) (Day) (Year) July, 27, 1951.
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5. SEX Female/	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOW, DIVORCED (Specify) Widow	8. DATE OF BIRTH April 6 1868	9. AGE (In years) (Months) (Days) (Hours) (Min.) 83 3 21
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10a. USUAL OCCUPATION (Give kind of work done during most of working life; or if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY own Home	11. BIRTHPLACE (State or foreign country) Kansas.	12. CITIZEN OF WHAT COUNTRY USA.
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13a. FATHER'S NAME Stillman Kenyon.	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Widow
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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. no.	17. INFORMANT'S SIGNATURE OR NAME Tom Hurst	ADDRESS Deepwater Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial insufficiency. ANTECEDENT CAUSES Carcenoma of breast & Lung. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility & Anemia			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Deepwater, Mo. Henry Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7:00 P.M. 7-27-51	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Oct 12, 1940**, to **July 27, 1951**, that I last saw the deceased alive on **July 26, 1951**, and that death occurred at **9 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. B. R. Townsend	23b. ADDRESS 102 Deepwater, Missouri	23c. DATE SIGNED 7-27-51.
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 29 1951	24c. NAME OF CEMETERY OR CREMATORY Deepwater Cemetery Deepwater Mo	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. Aug 1-51	REGISTRAR'S SIGNATURE Florence Adair	25. FUNERAL DIRECTOR'S SIGNATURE R. R. K... Clinton Mo	ADDRESS
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RECEIVED 8-6-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 8-6-51

AUG 14 1951

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 _____
Student Embalmer

Signed A. R. Kenney

Licensed Embalmer No. 2099

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 this body is not embalmed, fact should be so stated above.