

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23821

State File No. \_\_\_\_\_  
Registrar's No. 14 014

FILED AUG 13 1952

BIRTH NO. _____		REG. DIST. NO. 389		PRIMARY REG. DIST. NO. 5765		Registrar's No. 14 014	
1. PLACE OF DEATH a. COUNTY <u>Calloway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Calloway</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Guthrie Twp</u>		c. LENGTH OF STAY (In this place) <u>2 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Guthrie Twp</u>		d. STREET ADDRESS (If rural, give location) <u>5 mi West Guthrie Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 mi West Guthrie Mo</u>				3. NAME OF DECEASED a. (First) <u>Mary</u> b. (Middle) <u>S</u> c. (Last) <u>Small</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 7-52</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Nov 28 1898</u>		9. AGE (In years last birthday) <u>93</u>		10. MONTHS <u>8</u> DAYS <u>9</u>		11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph H. Blinard</u>		13b. MOTHER'S MAIDEN NAME <u>Suey Turner</u>		14. NAME OF HUSBAND OR WIFE <u>Henry Linton Hurall</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ruth Vaughan</u> ADDRESS <u>Mo</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute fatal Industrial Exertion</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>5711</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Aug 5, 1952</u> to <u>Aug 7, 1952</u> that I last saw the deceased alive on <u>Aug 7, 1952</u> and that death occurred at <u>7:30 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. M. D. Rusk M.D.</u>		(Degree or title)		23b. ADDRESS <u>New Bloomfield Mo</u>		23c. DATE SIGNED <u>Aug 8-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-9-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Watson Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pittsburg Illinois</u>	
DATE REC'D BY LOCAL REG. <u>Aug 8-52</u>		REGISTRAR'S SIGNATURE <u>Le Roy Claypool</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Holt Claypool</u> ADDRESS <u>SER New Bloomfield Mo.</u>			

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

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**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 LeRoy Claypool .....

Licensed Embalmer No. 4412 .....

P. O. Address New Bloomfield Pa .....

**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.