

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **27907**

FILED SEP 6- 1952

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Iron</u> <u>0470</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u> <u>0470</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Ironton</u>		c. LENGTH OF STAY (in this place) <u>1 week</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - Arcadia</u>		d. STREET ADDRESS (If rural, give location) <u>8 Mi SOUTH OF ARCADIA</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8 - 15 - 52</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>LENA</u>	b. (Middle) <u>HURST</u>	c. (Last) <u>WHITE</u>	5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>2</u>
8. DATE OF BIRTH <u>APRIL 25 1897</u>	9. AGE (in years) last birthday <u>74</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>20</u>	IF UNDER 6 HRS. Hours <u></u> Min. <u></u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House WIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13a. FATHER'S NAME <u>LEOPOLD HURST</u>	13b. MOTHER'S MAIDEN NAME <u>KATY SIPP</u>	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>LUTHER WHITE ARCADIA Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary occlusion</u>	ANTECEDENT CAUSES <u>acute hypertension</u>				<u>4 days</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (b) _____				?
DUE TO (c) _____	II. OTHER SIGNIFICANT CONDITIONS <u>diabetes mellitus</u>				?
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>4201</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	22. I hereby certify that I attended the deceased from <u>8-9-52</u> , 19 <u> </u> , to <u>8-15-52</u> , 19 <u> </u> , that I last saw the deceased alive on <u>8-15-52</u> , 19 <u> </u> , and that death occurred at <u>12:05 p.m.</u> , from the causes and on the date stated above.	23a. SIGNATURE (Degree or title) <u>R. E. Jarland, M.D.</u>	23b. ADDRESS <u>Ironton, Missouri</u>
23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED <u>8-26-52</u>	24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8-17-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LIBERTY</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>MARBLE CREEK Missouri</u>	DATE REC'D BY LOCAL REG. <u>8-28-52</u>	REGISTRAR'S SIGNATURE <u>Miss Alice Jones</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WHITE FUNERAL HOME IRONTON Mo</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

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

OCT 17 1952

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 Paul J. White

Licensed Embalmer No. 3012

P. O. Address Quinton, Miss

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.