

FILED JAN 28 1949

Registration District No. **2**Primary Registration District No. **5050**

Registrar's No. \_\_\_\_\_

## 1. PLACE OF DEATH:

(a) County **Barry**  
 (b) City or town **Rural (Mineral)**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **Seven years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Herшел W. Gurley**3. (b) If veteran,  
name war

3. (c) Social Security No.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive, years

7. Birth date of deceased **Sept. 4 1883**  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
**64 11 27** hr. min.9. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)10. Usual occupation **Farmer**

11. Industry or business

12. Name **Newton Gurley**13. Birthplace **Arkansas**  
(City, town, or county) (State or foreign country)14. Maiden name **Liza Cook**15. Birthplace **Arkansas**  
(City, town, or county) (State or foreign country)16. (a) Informant **Emma McClure**(b) Address **Cassville, Missouri**17. (a) **Burial** (b) Date thereof **9-2-1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Clark Cemetery**18. (a) Signature of funeral director **Culver Funeral Home**(b) Address **Cassville, Missouri**19. (a) **Sept 9-1948** (b) **Dora Shindler**  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barry**  
 (c) City or town **Rural**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **(Mineral)**  
 (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **1**  
year **1948** hour **3** minute **30** A.M.21. I hereby certify that I attended the deceased from **Aug 31, 1948** to **Sept. 1, 1948**  
that I last saw him alive on **Sept. 1, 1948**  
and that death occurred on the date and hour stated above.  
Immediate cause of death: **Carotid Artery of Siver**

Duration

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)Major findings:  
Of operations **155**

Of autopsy

PHYSICIAN

Underline the cause of which death should be charged statistically.

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?  
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place)

While at work (Specify means of injury)

23. Signature **Glenn H. Salzer M.D.** (M. D. or other)Address **Cassville, Mo.** Date signed

RECEIVED  
District Health Officer No. 6;  
District File Number 149-66  
Date Filed 1-26-49

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 \_\_\_\_\_

Glen R. Williams, Registered Apprentice No. 13  
working under my personal supervision.

Signed G. C. Culver

Licensed Embalmer No. 35-84

P. O. Address Cassville

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.