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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 10 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

5951

State File No.

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 67

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

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington
(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 ~~lifetime~~ (Specify whether
In this community lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois 74
(c) City or town Farmington. 4
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Philip Graham Hunt
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex m 0
5. Color or race W
6. (a) Single, widowed, married, divorced m /
6. (b) Name of husband or wife Ella Highley
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased Jan 8 1862 (Month) (Day) (Year)

8. AGE: Years 86 Months 1 Days 21 If less than one day hr. min.

9. Birthplace St. Francois County, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business

FATHER
12. Name William Hunt
13. Birthplace Shelbyville Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Long
15. Birthplace Farmington, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alex Hawn
(b) Address Farmington, Mo.
17. (a) b (Burial, cremation, or removal) (b) Date thereof 3-4-48 (Month) (Day) (Year)
(c) Place: burial or cremation Masonic Cemetery
18. (a) Signature of funeral director C. H. Cozean
(b) Address Farmington, Mo.
19. (a) 3-4-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 29 year 1948 hour 11 minute 15 p M.

21. I hereby certify that I attended the deceased from Jan 1 1947, to Feb 11 1948, that I last saw him alive on Feb. 11 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis chronic	3 mo.
Due to Gangrene of rt. foot + leg	3 mo.
Due to Arterial Sclerosis	6 yrs.
End-Arteritis	6 mo.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations no operation
Of autopsy none

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? (e) Means of injury

23. Signature Geo. L. Watkins M. D. ~~or other~~
Address Farmington Mo. Date signed 3-4-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 348-32

Date Filed 3-9-48

MAY 8 1958

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 ..... Registered Apprentice No. ..... working under my personal supervision.

Signed C A Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington, 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.