

FILED MAR 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4085

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 257	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buch.			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 1)		c. LENGTH OF STAY (In this place) 3 da.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital				d. STREET ADDRESS (If rural, give location) 4710 So. 10th, St.			
3. NAME OF DECEASED (Type or Print) a. (First) Una		b. (Middle) Bell		c. (Last) Hunt		4. DATE OF DEATH (Month) (Day) (Year) Feb. 28, 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 30, 1883	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (State or foreign country) Bethany, Missouri 1)		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Issac Elliott		13b. MOTHER'S MAIDEN NAME Margaret Davis		14. NAME OF HUSBAND OR WIFE Joseph			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Chas. Hunt - St. Joseph, Mo.			
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) <i>Cerebral Hemiparesis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chronic Malignant Hypertension</i> <i>Chronic Valvular Heart Disease</i> DUE TO (c) <i>Chronic Arteriosclerosis</i>				INTERVAL BETWEEN ONSET AND DEATH <i>3 da</i> <i>3 yr</i> <i>3 yr</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>044X</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Aug 1947</i> , to <i>2/28</i> , 1949, that I last saw the deceased alive on <i>2/29</i> , 1949, and that death occurred at <i>2:10</i> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>J. R. Limerman M.D.</i>				23b. ADDRESS <i>434 Ill. Ave.</i>		23c. DATE SIGNED <i>3/1/49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-2-49	24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.		
DATE REC'D BY LOCAL REG. <i>Mar. 4, 1949</i>		REGISTRAR'S SIGNATURE <i>L. C. Jenkins</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Stames Funeral Home - St. Joseph, Mo.</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed

Charles M. Harman

Signed.....

Student Embalmer

Licensed Embalmer No. 4487

P. O. Address St. Joseph

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.