

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

9067

State File No.

No. 300
10.48
5600
FILED MAR 22 1949

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5659 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Lewis Canton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>CANTON Missouri MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>	b. (Middle)	c. (Last) <u>Hunter</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 16 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Apr. 3, 1885</u>	9. AGE (In years last birthday) <u>63</u>	10. MONTHS <u>6</u>	11. DAYS <u>3</u>	12. HOURS <u>0</u>	13. MIN. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Lewis County Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James A. Hunter</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah E. Honaker</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nellie Clifton</u>	ADDRESS <u>Canton Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocardial Failure</u>		<u>10 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocardiosis</u> DUE TO (c)		<u>15 yrs</u>
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>4 20</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1</u> <u>1</u> <u>1949</u> <u>4</u> <u>25</u> <u>PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from May 10, 1948, to March 16, 1949 that I last saw the deceased alive on March 16, 1949, and that death occurred at 4:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W.B. Dodson D.O.</u>	23b. ADDRESS <u>Canton, Mo.</u>	23c. DATE SIGNED <u>3-18-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Mar. 19-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Myacada Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>CANTON Lewis Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Mar. 19, 1949</u>	REGISTRAR'S SIGNATURE <u>T.P. Jennings</u>	161	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Barkley</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7

District File Number 3-49-5

MAR 21 1949

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 Carl H. Buckley

Licensed Embalmer No. 2675

P. O. Address Canton, 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.