

FILED APR 22 1949

STANDARD CERTIFICATE OF DEATH

State File No. **11914**
Registrar's No. **-10**

BIRTH NO. _____ REG. DIST. NO. **8382** PRIMARY REG. DIST. NO. **5273**

27
2
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY COOPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY COOPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BOONVILLE MO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL NORTH MONITEAU	
c. LENGTH OF STAY (in this place) 9 Hours		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH 0			

3. NAME OF DECEASED (Type or Print) Lulu FLORENCE HUNT			4. DATE OF DEATH (Month) (Day) (Year) 3-31-1949		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH 4-7-1869	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 11 Days 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MISSOURI 0	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME THOMAS A. HARRIS		13b. MOTHER'S MAIDEN NAME RACHEL HALL	

14. NAME OF HUSBAND OR WIFE DANIEL W. HUNT		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NO	
17. INFORMANT'S SIGNATURE OR NAME Cliff Hunt				ADDRESS	

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) Cerebral Apoplexy				INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension				
		DUE TO (c) Cerebral Sclerosis				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 334X				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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)		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 **3/30** 19**49**, to **3/31**, 19**49**, that I last saw the deceased alive on **3/30**, 19**49**, and that death occurred at **7:30** p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. Meredith		23b. ADDRESS Boonville Mo		23c. DATE SIGNED 4/2/49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-2-1949		24c. NAME OF CEMETERY OR CREMATORY PISCATAH CEM	
24d. LOCATION (City, town, or county) (State) PISCATAH MO		DATE REC'D BY LOCAL REG. 4/4/49		REGISTRAR'S SIGNATURE V. T. Meredith 381	
25. FUNERAL DIRECTOR'S SIGNATURE G. Albert Hornbeck		ADDRESS Pravre Home			

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RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-15-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed C. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Prairie Home 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.