

FILED APR 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12056

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>128</u>	PRIMARY REG. DIST. NO. <u>2000</u>	Registrar's No. <u>359</u>
1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Arkansas</u> b. COUNTY <u>Washington</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Springfield</u>		c. LENGTH OF STAY (in this place) <u>261 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Fayetteville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>O'Reilly VA Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>P.O. Box 260</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>STAS</u>		b. (Middle) <u>H.</u>	c. (Last) <u>HUNT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 22 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>March 1, 1922</u>	9. AGE (In years last birthday) <u>25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Student</u>	11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Curley Hunt</u>		13b. MOTHER'S MAIDEN NAME <u>Jesie Moton</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>5-10-43 to 3-7-46 Unk.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Veterans Administration's Records</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis, pulmonary, chronic, reinfection type, far advanced, active.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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) (Min.)		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 <u>8-4</u> , 19 <u>48</u> to <u>4-22</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4-22</u> , 19 <u>49</u> , and that death occurred at <u>7:10 am.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>A. J. BONDURANT, M.D., Act. Clinical Dir.</u>		23b. ADDRESS <u>field, Mo.</u>		23c. DATE SIGNED <u>4-22-49</u>
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Removed April 22, 1949</u>		24b. NAME OF CEMETERY OR CREMATORY	24c. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG <u>3/23/49</u>	REGISTRAR'S SIGNATURE <u>W.E. Stanley MD</u>	GENERAL DIRECTOR'S SIGNATURE <u>W.E. Stanley MD</u>		ADDRESS

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

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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
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.