

FILED JUN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19005

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 68

27
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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 Morgan	
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 Haw Creek	
c. LENGTH OF STAY (In this place) 6 weeks		d. STREET ADDRESS (If rural, give location) 3 miles S. of Stover, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) ROBERT	b. (Middle) PATTON	c. (Last) HUNTER	4. DATE OF DEATH (Month) (Day) (Year) June 5 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 17, 1874	9. AGE (In years last birthday) 75	10. MONTHS 0	11. DAYS 19	12. HOURS 10	13. MINUTES 10
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Huntsville Missouri.	12. COUNTRY OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Jahoc Hunter	13b. MOTHER'S MAIDEN NAME Cynthia Patton	14. NAME OF HUSBAND OR WIFE Estella Hunter
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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. 557-22-7807	17. INFORMANT'S SIGNATURE OR NAME Mrs Otto Kraxberger	ADDRESS Stover, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary tuberculosis		
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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)	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 **4-27-1949**, to **6-5-49**, that I last saw the deceased alive on **6-4-49**, 19___, and that death occurred at **5:22** m., from the causes and on the date stated above.

23a. SIGNATURE B. M. Stewart, MD.	(Degree or title)	23b. ADDRESS 329 Main St. Boonville	23c. DATE SIGNED 6-6-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 7, 49	24c. NAME OF CEMETERY OR CREMATORY Stover Cemetery	24d. LOCATION (City, town, or county) (State) Stover Missouri
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DATE RECD' BY LOCAL REG. June 6-49	REGISTRAR'S SIGNATURE D. Cooper	381	25. FUNERAL DIRECTOR'S SIGNATURE Geo. Stegner	ADDRESS Boonville, Mo.
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JUN 13 REC'D

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-15-49

57617
7-7-49

AUG 22 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.....

.....
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed James W. Stegner
Licensed Embalmer No. 3780

P. O. Address Boonville - 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.