

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37665

State File No. ....

FILED NOV 28 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 211

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>	
c. LENGTH OF STAY (in this place) <u>17 days</u>		d. STREET ADDRESS (If rural, give location) <u>812 W. Macon St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCune-Brooks Hospital</u>			

3. NAME OF DECEASED (Type or Print)		a. (First) <u>MARY</u>		b. (Middle) <u>MOCK</u>		c. (Last) <u>HUNT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 17, 1949</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>October 10, 1883</u>		9. AGE (in years last birthday) <u>66</u> IF UNDER 1 YEAR Months <u>1</u> Days _____ IF UNDER 14 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>Marion County, Florida</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>? Brass</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>S. D. Hunt</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. John McDonald, 831 W. Macon, Carthage, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Nephritis Chronic, unspecified</u>				INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Diabetes Mellitus</u>		<u>unknown</u>	
				DUE TO (c) <u>Arteriosclerosis</u>		<u>260x</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Thrombosis axillary artery left with dry gangrene</u>				<u>17 days</u>	
19a. DATE OF OPERATION <u>Nov 7 '49</u>		19b. MAJOR FINDINGS OF OPERATION <u>amputation of left arm</u>				20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., fire about home, farm, factory, street, office building, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		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 Oct 31, 1949, to Nov 17, 1949, that I last saw the deceased alive on Nov 17, 1949, and that death occurred at 5:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>George H. Wood</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Carthage Mo</u>		23c. DATE SIGNED <u>Nov 17 '49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Nov 19, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Carthage, Mo.</u>	

DATE REC'D BY LOCAL HEALTH DEPT. <u>Nov 18-1949</u>		REGISTRAR'S SIGNATURE <u>L.B. Clinton M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>KNELL MORTUARY, Carthage, Mo.</u>	
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Pos. n. Ferguson Licensed Embalmer's Statement on Reverse Side

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

RECEIVED 11-22-49  
Jasper County Health Office

County File Number 49-11-892

Date Filed 11-25-49

DEC 3 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

Gene H. Parent

Student Embalmer No. 349

working under my personal supervision.

Student Gene H. Parent  
Student Embalmer

Signed

Robert H. Kuehl

Licensed Embalmer No. 4459

P. O. Address Orthage

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.