

FILED JAN 25 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1007

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 1

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Iron</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Reynolds</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ironton</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centerville Mo.</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>                          |  | d. STREET ADDRESS (If rural, give location) <u>1</u>   |  |

|                                     |                         |                           |                         |                                       |
|-------------------------------------|-------------------------|---------------------------|-------------------------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Lexie</u> | b. (Middle) <u>Adolph</u> | c. (Last) <u>Hunter</u> | 4. DATE OF DEATH (Month) (Day) (Year) |
|                                     |                         |                           |                         | <u>Jan. 6 1950</u>                    |

|                    |                               |   |                                      |   |                                   |                                  |                                |                               |
|--------------------|-------------------------------|---|--------------------------------------|---|-----------------------------------|----------------------------------|--------------------------------|-------------------------------|
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>Dec. 14 1886</u> | 9. AGE (In years last birthday) <u>63</u> | IF UNDER 1 YEAR (Months) <u>0</u> | IF UNDER 1 YEAR (Days) <u>22</u> | IF UNDER 24 HRS. (Hours) _____ | IF UNDER 24 HRS. (Min.) _____ |
|--------------------|-------------------------------|---|--------------------------------------|---|-----------------------------------|----------------------------------|--------------------------------|-------------------------------|

|  |  |  |   |
|--|--|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>cashier</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Reynolds Co. Bank</u> | 11. BIRTHPLACE (State or foreign country) <u>Centerville Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|--|--|--|---|

|  |   |   |
|--|---|---|
| 13a. FATHER'S NAME <u>Samuel B. Hunter</u> | 13b. MOTHER'S MAIDEN NAME <u>Nancy Botkin</u> | 14. NAME OF HUSBAND OR WIFE <u>Benny Ferne Hunter</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>488-18-0258</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Chora Botkin</u> | ADDRESS <u>Centerville Mo.</u> |
|--|--|--|--------------------------------|

|  |  |  |                                  |
|--|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>* This does not mean the mode of dying, such as heart failure, asthenia, 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>Leukemia Monocytosis</u>   |  |                                  |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>unknown</u><br>DUE TO (c) _____ |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>  |  |  | <u>20y2</u>                      |

|                                   |  |  |
|-----------------------------------|--|--|
| 19a. DATE OF OPERATION <u>now</u> | 19b. MAJOR FINDINGS OF OPERATION <u>none</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 8-2, 1949, to 1-6, 1950, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 5.45A.m., from the causes and on the date stated above.

|                                   |  |                                 |                                 |
|-----------------------------------|--|---------------------------------|---------------------------------|
| 23a. SIGNATURE <u>[Signature]</u> | (Degree or title) <u>Dr. [Signature]</u> | 23b. ADDRESS <u>Ironton Mo.</u> | 23c. DATE SIGNED <u>1-10-50</u> |
|-----------------------------------|--|---------------------------------|---------------------------------|

|   |                         |   |  |
|---|-------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>1-8-50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Centerville Mo.</u> | 24d. LOCATION (City, town, or county) (State) <u>Centerville Mo.</u> |
|---|-------------------------|---|--|

|   |  |      |   |  |
|---|--|------|---|--|
| DATE REC'D BY LOCAL REG. <u>Jan. 16, 1950</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 1280 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | ADDRESS <u>White Funeral Home, Ironton Mo.</u> |
|---|--|------|---|--|

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 20 1950

MAY 16 1951

RECEIVED

JAN 23 1950

DISTRICT HEALTH OFFICE No. 4

File No. 150-106

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 Arnel J. White

Licensed Embalmer No. 3012

P. O. Address Quinton, Va

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.