

FILED JAN 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1520

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 8

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY JASPER | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN | | c. LENGTH OF STAY (in this place) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHNS HOSP. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN | |
| | | d. STREET ADDRESS (If rural, give location) 315 N. JOPLIN ST. | |
| 3. NAME OF DECEASED (Type or Print) TOBE HUNTER | | 4. DATE OF DEATH (Month) (Day) (Year) 2 4 50 / 1 4 50 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | 8. DATE OF BIRTH 8-19-1882 |
| 9. AGE (In years last birthday) 67 | | IF UNDER 1 YEAR Months | IF UNDER 1 HR. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINER | | 10b. KIND OF BUSINESS OR INDUSTRY MINING | 11. BIRTHPLACE (State or foreign country) JOPLIN MISSOURI |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | 13a. FATHER'S NAME JAMES HUNTER | |
| 13b. MOTHER'S MAIDEN NAME MARY A. HARRIS | | 14. NAME OF HUSBAND OR WIFE DECEASED | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN | | 16. SOCIAL SECURITY NO. UNKNOWN | |
| 17. INFORMANT'S SIGNATURE OR NAME ROY HUNTER | | ADDRESS KANSAS CITY MO | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemiplegia | | 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) Cerebral arteriosclerosis | | | |
| DUE TO (c) | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 332X | |
| 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) m. | 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 Dec 25, 1949 , to Jan 3, 1950 , that I last saw the deceased alive on Jan 3, 1950 , and that death occurred at 2:40 a.m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) John W. Douglas M.D. | | 23b. ADDRESS 210 West 32nd Joplin Mo | 23c. DATE SIGNED 1-5-50 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE 1-6-50 | 24c. NAME OF CEMETERY OR CREMATORY FORREST PARK | 24d. LOCATION (City, town, or county) (State) JOPLIN MISSOURI |
| DATE REC'D BY LOCAL REG. 1-7-50 | REGISTRAR'S SIGNATURE Edna J. ... | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HURLBUT, GLOVER | |

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

RECEIVED 1-19-50
Jasper County Health Office

County File Number 50-1-18

Date Filed 1-24-52

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 Dale Glover

Licensed Embalmer No. 4593

P. O. Address Joplin, 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.