

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8372

State File No.

BIRTH NO. 41300-49 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5466 Registrar's No. 236

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LAWRENCE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural—South Campbell Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BOIS D'ARC, MO.	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) rural.	
d. FULL NAME OF HOSPITAL OR INSTITUTION OZARK OSTEOPATHIC HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) HAROLD b. (Middle) LEE c. (Last) HUNT		4. DATE OF DEATH (Month) (Day) (Year) MARCH 14 1950	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) BABY	8. DATE OF BIRTH JULY 12, 1949
9. AGE (In years last birthday) 8		IF UNDER 1 YEAR Months 2 Days 2 Hours — Min. —	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) F		10b. KIND OF BUSINESS OR INDUSTRY —	
11. BIRTHPLACE (State or foreign country) —		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME GLEN HUNT.	13b. MOTHER'S MAIDEN NAME DELLA COX	14. NAME OF HUSBAND OR WIFE —
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) —	16. SOCIAL SECURITY NO. —	17. INFORMANT'S SIGNATURE OR NAME Mrs GLEN HUNT	ADDRESS BOIS D'ARC
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory failure		INTERVAL BETWEEN ONSET AND DEATH 49ix
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute peri-cardial effusion DUE TO (c) Bronchial Pneumonia		
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"/>
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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) (Min.)	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 3-14, 1950, to 3-14, 1950, that I last saw the deceased alive on 3-14, 1950, and that death occurred at 3 P. m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title) Doc.	23b. ADDRESS 700 E. SUNSHINE, Springfield, Mo.	23c. DATE SIGNED 3-14-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3-16-1950	24c. NAME OF CEMETERY OR CREMATORY HALLTOWN	24d. LOCATION (City, town, or county) (State) HALLTOWN MO.
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DATE REC'D BY LOCAL OFFICE 3-15-50	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS John Dean Harris, Clever, Mo.
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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 John W. Harris

Signed _____
Student Embalmer

Licensed Embalmer No. 4390

P. O. Address Cleveland, 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.