

No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16534

State File No.

FILED MAY 23 1950

BIRTH NO. _____		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>5480</u>		Registrar's No. <u>66</u>	
1. PLACE OF DEATH a. COUNTY <u>Grundy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u>		c. LENGTH OF STAY (In this place) <u>Working there</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u>		D 400	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>OW-TOM VEATH FARM R² Trenton</u>				d. STREET ADDRESS (If rural, give location) <u>Route 6</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Velmeth</u>		b. (Middle) <u>Leroy</u>		c. (Last) <u>Hunt</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 10 1950</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>MAY 15 1907</u>	
9. AGE (In years last birthday) <u>42</u>		10. MONTHS <u>11</u>		11. BIRTHPLACE (State or foreign country) <u>Douglas County Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Power machinery</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		11. BIRTHPLACE (State or foreign country) <u>Douglas County Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Albert Hunt</u>		13b. MOTHER'S MAIDEN NAME <u>MARY L. PROSSER</u>		14. NAME OF HUSBAND OR WIFE <u>—</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes 1943-1944</u>		16. SOCIAL SECURITY NO. <u>YES -</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Knover Neil Hunt</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes 1943-1944</u>		16. SOCIAL SECURITY NO. <u>YES -</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Knover Neil Hunt</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>fractured skull and Brain injuries</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				2. 01101	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		III. ANTECEDENT CAUSES MORIBUND CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>				6	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>n 411</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) : <u>Trenton Township Grundy</u> (COUNTY) (STATE) <u>MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5-10-50 10³⁰ AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Struck by a falling tree</u>			
22. I hereby certify that I attended the deceased from <u>on 5-10-1950, to at Trenton, Mo</u> , that I last saw the deceased alive on <u>5-10-1950</u> , and that death occurred at <u>12:30 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>M. A. Jenson M.D.</u>				23b. ADDRESS <u>Trenton Mo</u>		23c. DATE SIGNED <u>5-10-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>May 12 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>1007 Edinburg</u>		24d. LOCATION (City, town, or county) (State) <u>Edinburg MO</u>	
DATE REC'D BY LOCAL REG. <u>5/11/50</u>		REGISTRAR'S SIGNATURE <u>Gene Fair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Devie Blackmon</u>			
				ADDRESS <u>Trenton, Mo.</u>			

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

JUN 10 1954

MAY 23 1954

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 J. Gordon Blackmer

Licensed Embalmer No. 4602

P. O. Address Jrenton, Missouri

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.