

No. 300
10.48

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30771

FILED OCT 11 1950

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

BIRTH NO. _____		REG. DIST. NO. 150		PRIMARY REG. DIST. NO. 5572		Registrar's No. 171	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY JACKSON			
b. CITY OR TOWN Rural Prairie		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Independence 0484		d. STREET ADDRESS (If rural, give location) 145 E. Lexington	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson Co. Emerg. Hosp							
3. NAME OF DECEASED (Type or Print)		a. (First) Allen		b. (Middle) E.		c. (Last) Hunter	
4. DATE OF DEATH		(Month) Sept.		(Day) 23		(Year) 1950	
5. SEX Male		6. COLOR OR RACE wh.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH Oct 10, 1888	
9. AGE (In years, last birthday)		61		Months 11		Days 13	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Bates City, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Allen Hunter		13b. MOTHER'S MAIDEN NAME Mary Perkins		14. NAME OF HUSBAND OR WIFE NONE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 490-09-2860		17. INFORMANT'S SIGNATURE OR NAME Thomas Hunter Shelby, Mo. ADDRESS			
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) Cornary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congestive ht failure DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 minutes 5 months 1201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		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 9-17 , 1950, to 9-23 , 1950, that I last saw the deceased alive on 9-23 , 1950, and that death occurred at 5:00 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE John C. Blumenschein, M.D. (Degree or title)				23b. ADDRESS Indep. Mo.		23c. DATE SIGNED 25 Sept 50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Sept. 26, 1950		24c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery		24d. LOCATION (City, town, or county) (State) Warrensburg, Missouri	
DATE REC'D BY LOCAL REG. 9-25-50		REGISTRAR'S SIGNATURE Donald C. Earnshaw		FUNERAL DIRECTOR'S SIGNATURE Geo. C. Carson		ADDRESS Independence Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Tom D. Markland

Signed.....

Student Embalmer

Licensed Embalmer No. 4592

P. O. Address Indep. 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.