

FILED OCT 24 1950

STANDARD CERTIFICATE OF DEATH

State File No. 33002

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

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5291 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) Liberty		c. CITY (If outside corporate limits, write RURAL and give township) Liberty	
d. FULL NAME OF HOSPITAL OR INSTITUTION IOOF Hospital		d. STREET ADDRESS (If rural, give location) 116 N. Fairview	

3. NAME OF DECEASED (Type or Print) a. (First) Lois b. (Middle) Ralph c. (Last) Hunt			4. DATE OF DEATH (Month) (Day) (Year) Oct. 17, 1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 23, 1868	9. AGE (In years last birthday) 81	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Missouri City, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Arthur B. Ralph	13b. MOTHER'S MAIDEN NAME Ella Hardwicke	14. NAME OF HUSBAND OR WIFE Edward L. Hunt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Thurston Isley, Liberty, Mo.

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Atherosclerosis</i>		7 years
	ANTECEDENT CAUSES Paralysis agitans Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		" "
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4500
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) (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 Oct, 1949, to Oct, 1950, that I last saw the deceased alive on Oct. 16, 1950, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Wm H Goodson M.D.</i>	(Degree or title)	23b. ADDRESS Liberty Mo.	23c. DATE SIGNED 10/18/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 19, 1950	24c. NAME OF CEMETERY OR CREMATORY Missouri City, Cem.	24d. LOCATION (City, town, or county) (State) Missouri City, Mo.
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DATE REC'D BY LOCAL REG. Oct-19-1950	REGISTRAR'S SIGNATURE <i>Minnie Haynes</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Tyler Stanley</i>	ADDRESS Liberty, Mo
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(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 LL

working under my personal supervision.

Student LL
Student Embalmer

Student Embalmer No. LL

Signed Charles F. Tyb

Licensed Embalmer No. 4084

P. O. Address Liberty 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.