

FILED DEC 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38196

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 380

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bonne Terre</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Farmington, Mo.</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bonne Terre Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Ella</b>	b. (Middle)	c. (Last) <b>Hunt</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 27, 1950</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Dec. 7, 1867</b>	9. AGE (In years) (Month) (Day) (Hour) (Min.) <b>82 h 1 20</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (State or foreign country) <b>Farmington, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>James Highley</b>	13b. MOTHER'S MAIDEN NAME <b>Martha Howardton</b>	14. NAME OF HUSBAND OR WIFE <b>P. Graham Hunt</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Alex Hawn, Farmington, Mo.</b>	ADDRESS
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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, asphyxia, 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) <b>Strangulated Umbilical Hernia</b>		<b>48 hours</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Incarcerated Hernia</b> DUE TO (c) <b>-</b>		<b>20 years</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes Mellitus</b>		<b>6 yrs.</b>	<b>5602</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Non-viable 1 1/2" diam</b>	20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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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) <b>Farmington St. Francois Mo.</b>
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?

I hereby certify that I attended the deceased from **Nov. 25, 1950**, to **Nov. 27, 1950**, that I last saw the deceased alive on **Nov. 25, 1950** and that death occurred at **8:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>D. Geo. P. Walters M.D.</b>	23b. ADDRESS <b>Farmington, Mo.</b>	23c. DATE SIGNED <b>Nov. 27, 1950</b>
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24a. BURIAL, CREMATION, REINTERMENT	24b. DATE <b>Dec. 1, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Masonic</b>	24d. LOCATION (City, town, or county) (State) <b>Farmington, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Nov. 30, 1950</b>	REGISTRAR'S SIGNATURE <b>Esther Rudloff</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Cozean Funeral Home, Farmington, Mo.</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2941

0941

JAN - 9 1957

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

DEC - 4 1950

RECEIVED

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 \_\_\_\_\_

*C. H. Green*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4084

P. O. Address Washington

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.