

FILED DEC 19 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40492**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **5518** Registrar's No. **38**

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Henry</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Linn</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>Walker</b> c. LENGTH OF STAY (in this place)<br><b>Walker Twp</b> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>Walker Twp</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>at Home</b>  |  | d. STREET ADDRESS (If rural, give location)<br><b>042nd</b>  |  |

|  |                         |                              |                       |  |
|--|-------------------------|------------------------------|-----------------------|--|
| 3. NAME OF DECEASED<br>(Type or Print) | a. (First) <b>EDWIN</b> | b. (Middle) <b>BENEFIELD</b> | c. (Last) <b>HUNT</b> | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>Dec. 12, 1950</b> |
|--|-------------------------|------------------------------|-----------------------|--|

|                       |                                  |  |  |  |
|-----------------------|----------------------------------|--|--|--|
| 5. SEX<br><b>Male</b> | 6. COLOR OR RACE<br><b>white</b> | 7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b> | 8. DATE OF BIRTH<br><b>Oct. 20, 1868</b> | 9. AGE (In years last birthday) <b>82</b> / (Months) <b>1</b> / (Days) <b>22</b> |
|-----------------------|----------------------------------|--|--|--|

|  |   |   |   |
|--|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, except retired)<br><b>Blacksmith</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>-</b> | 11. BIRTHPLACE (State or foreign country)<br><b>Henry Co. Mo.</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U. S. A.</b> |
|--|---|---|---|

|                                      |  |  |
|--------------------------------------|--|--|
| 13a. FATHER'S NAME<br><b>Wm Hunt</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Frecilla Covis</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Mrs E B Hunt</b> |
|--------------------------------------|--|--|

|  |  |  |                              |
|--|--|--|------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>None</b> | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Mrs E B Hunt</b> | ADDRESS<br><b>Walker Mo.</b> |
|--|--|--|------------------------------|

|   |  |  |   |
|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Rectal Cancer Metastatic to Liver</b>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><b>177X</b> |
|   | 2. ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) <b>X</b><br>DUE TO (c) <b>X</b> |  |   |
| 11. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>X</b>   |  |  |   |

|                        |  |  |
|------------------------|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION<br><b>None - no operation</b> | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
|------------------------|--|--|

|  |   |  |
|--|---|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)                           | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>Home</b> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><b>Walker Mo.</b> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)<br><b>X</b> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  | 21f. HOW DID INJURY OCCUR?<br><b>X</b>                               |

22. I hereby certify that I attended the deceased from **Nov 25 1950**, to **Dec 11, 1950**, that I last saw the deceased alive on **Nov 11, 1950**, and that death occurred at **5:00 p.m.**, from the causes and on the date stated above.

|   |                               |                                   |                                     |
|---|-------------------------------|-----------------------------------|-------------------------------------|
| 23a. SIGNATURE<br><b>J. M. Yalbrink</b> | (Degree or title) <b>M.D.</b> | 23b. ADDRESS<br><b>Walker Mo.</b> | 23c. DATE SIGNED<br><b>12-13-50</b> |
|---|-------------------------------|-----------------------------------|-------------------------------------|

|  |                                 |   |   |
|--|---------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24b. DATE<br><b>Dec 14 1950</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>White Oak Cem.</b> | 24d. LOCATION (City, town, or county) (State)<br><b>Walker Mo. RR</b> |
|--|---------------------------------|---|---|

|   |  |  |                                |
|---|--|--|--------------------------------|
| DATE REC'D BY LOCAL REG<br><b>Dec 14-1950</b> | REGISTRAR'S SIGNATURE<br><b>Florence Adams</b> | FUNERAL DIRECTOR'S SIGNATURE<br><b>H. A. Cansant</b> | ADDRESS<br><b>Clinton, Mo.</b> |
|---|--|--|--------------------------------|

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

RECEIVED 12-18-50

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 12-18-50

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 *H. L. Varsant*

Licensed Embalmer No. 3779

P. O. Address *Clinton*

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.