

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19801

State File No.

FILED 1111 5-1951 REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 4176 Registrar's No. 22

351

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

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Malden		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Malden	
d. FULL NAME OF HOSPITAL OR INSTITUTION 202 N. Madison		d. STREET ADDRESS (If rural, give location) 202 N. Madison	
3. NAME OF DECEASED (Type or Print) a. (First) David b. (Middle) Parks c. (Last) Hunt			4. DATE OF DEATH (Month) (Day) (Year) June 18 51
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH June 17, 1951
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 2
11. BIRTHPLACE (State or foreign country) Malden, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME John E. Hunt		13b. MOTHER'S MAIDEN NAME Martha Gail Reynolds	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Martha Hunt Malden, Missouri	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Atelectasis, bilateral ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		7620	
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 17: June, 19 51, to 18 June, 19 51 , that I last saw the deceased alive on 18 June, 19 51 , and that death occurred at 1:00a m. , from the causes and on the date stated above.			
23a. SIGNATURE Charles L. Williams M.D. (Degree or title)		23b. ADDRESS Malden, Missouri	
23c. DATE SIGNED 18 June 51			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6/18/51	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK.	24d. LOCATION (City, town, or county) (State) MALDEN, MO.
DATE REC'D BY LOCAL REG. 6-23-1951	REGISTRAR'S SIGNATURE J. W. Scherman	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DAY FUNERAL HOME MALDEN, MO.	

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 6-25-51
COUNTY FILE NUMBER ..651-172...

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.....

NOT EMBALMED

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.