

FILED AUG 7 1951

STANDARD CERTIFICATE OF DEATH

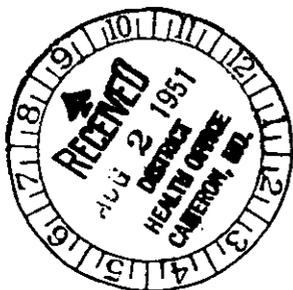
State File No. 22822

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 5474 Registrar's No. 99

| | | | |
|---|---------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY GRUNDY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY GRUNDY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON TWP 27 VR. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON TWP. 0400 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) | |
| 3. NAME OF DECEASED (Type or Print) a. (First) JESSE b. (Middle) LEWIS c. (Last) HUNT | | | 4. DATE OF DEATH (Month) (Day) (Year) JUNE 30 - 1951 |
| 5. SEX M | 6. COLOR OR RACE WH | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 1 | 8. DATE OF BIRTH JAN 1 - 1874 |
| 9. AGE (In years last birthday) 77 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER | |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY FARMING | |
| 11. BIRTHPLACE (State or foreign country) GRUNDY CO. MO. | | 12. CITIZEN OF WHAT COUNTRY? O AM. | |
| 13a. FATHER'S NAME H. G. HUNT | | 13b. MOTHER'S MAIDEN NAME MARY E. PARBERRY | |
| 14. NAME OF HUSBAND OR WIFE ANNA MARLIN HUNT | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Anna Hunt Jamesport #26 | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Perforated Duodenal Ulcer ANTECEDENT CAUSES 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. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | 5411 | |
| 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 June 30th, 1951, to June 30th, 1951, that I last saw the deceased alive on June 30th, 1951 and that death occurred at 5:00 P.M., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Oliver F. Duffy MD | | 23b. ADDRESS Trenton Mo | |
| 23c. DATE SIGNED July 9th 1951 | | | |
| 24a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) E | | 24b. DATE JULY 3 - 1951 | |
| 24c. NAME OF CEMETERY OR CREMATORY SHELburn | | 24d. LOCATION (City, town, or county) (State) GRUNDY CO. MO. | |
| DATE REC'D BY LOCAL REG. July 3-51 | | REGISTRAR'S SIGNATURE IIS | |
| 25. FUNERAL DIRECTOR'S SIGNATURE | | ADDRESS | |

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

3400
1



JUL 7 1955

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.....
Student Embalmer

Signed *Rollin J. Richardson*
Licensed Embalmer No. 4715

P. O. Address *Camerton, Ind.*

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.