

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

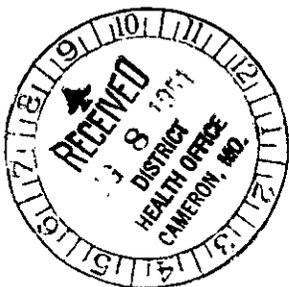
State File No. **24118**

FILED AUG 11 1951

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3052 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY OR TOWN <u>Richmond</u>	c. LENGTH OF STAY (in this place) <u>8 years</u>	c. CITY OR TOWN <u>Richmond</u> <u>10891</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>324 South Wallington</u>		d. STREET ADDRESS (If rural, give location) <u>324 South Wallington</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Adolfo</u> b. (Middle) <u>Scott</u> c. (Last) <u>Hunt</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 3, 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 21, 1861</u>
9. AGE (In years last birthday) <u>90</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Cady, Hancock County, Indiana</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Scott Hunt</u>		13b. MOTHER'S MAIDEN NAME <u>Lucinda Rayworth</u>	14. NAME OF HUSBAND OR WIFE <u>Lucy (Elinor) Hunt</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>William Hunt - Richmond, Mo.</u> ADDRESS _____
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Dilatation</u> INTERVAL BETWEEN ONSET AND DEATH <u>Inst.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis ?</u> DUE TO (c) <u>arterio-sclerosis</u> 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 checked="" type="checkbox"/>		<u>4221</u>	
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 <u>July 1 - 1951</u> , to <u>Aug 7 - 1951</u> (that I last saw the deceased alive on <u>July 30 - 1951</u> , and that death occurred at <u>Richmond, Mo.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. G. L. O. [Signature]</u> (Degree or title)		23b. ADDRESS <u>Richmond, Mo.</u>	23c. DATE SIGNED <u>8-4-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal August 4, 1951</u>		24b. NAME OF CEMETERY OR CREMATORY <u>Lincoln Cemetery</u>	24c. LOCATION (City, town, or county) (State) <u>Lincoln, Kansas</u>
DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE <u>Aug 4 - 1951</u> <u>Malcolm Jackson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert W. [Signature]</u> ADDRESS <u>Richmond, Mo.</u>	

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



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 *[Signature]* _____

Licensed Embalmer No. 4466

P. O. Address *[Signature]*

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.