

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30634

State File No.

BIRTH NO. REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 1229 Registrar's No. 76

1. PLACE OF DEATH
a. COUNTY JEFFERSON
b. CITY OR TOWN HILLSBORO
c. LENGTH OF STAY (in this place) 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION CEDAR GROVE NURSING HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO
b. COUNTY JEFFERSON
c. CITY OR TOWN ST LOUIS
d. STREET ADDRESS (If rural, give location) 4685 DOPE

3. NAME OF DECEASED (Type or Print)
a. (First) JAMES b. (Middle) A. c. (Last) HUNTER
4. DATE OF DEATH (Month) (Day) (Year) 10-1-51

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER
8. DATE OF BIRTH 9/25/1861 9. AGE (In years last birthday) 85-0-6

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INVALID
10b. KIND OF BUSINESS OR INDUSTRY RETIRED
11. BIRTHPLACE (State or foreign country) ASHLEY - Ill.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JOSIAH HUNTER 13b. MOTHER'S MAIDEN NAME ELIZABETH McDONALD 14. NAME OF HUSBAND OR WIFE HATTIE HUNTER (DEC.)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO 16. SOCIAL SECURITY NO. NONE 17. INFORMANT'S SIGNATURE OR NAME Joe W. Clark ADDRESS 1125 Hodiamont St. Louis

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis
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 NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Hillsboro Jefferson MO

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 3:10 P.M. 10-1-51 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:00 P.M. from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Dr. J. W. Clark 23b. ADDRESS 101 Main St. Festus, Mo. 23c. DATE SIGNED 10-2-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 10-3-51 24c. NAME OF CEMETERY OR CREMATORY St. John Cemetery 24d. LOCATION (City, town, or county) (State) Ashley Ill.

DATE REC'D BY LOCAL REG. 10-3-51 REGISTRAR'S SIGNATURE Kathleen Marsden 25. FUNERAL DIRECTOR'S SIGNATURE Joe W. Clark ADDRESS 1125 Hodiamont St. Louis

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

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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 10-8-81

OCT 5 1981

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 *John J. Haines*
Licensed Embalmer No. *4108*
P. O. Address *St Louis Mo*

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.