

STANDARD CERTIFICATE OF DEATH

42543
State File No.

FILED DEC 31 1951

BIRTH NO.

REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5979 Registrar's No. 152

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

1. PLACE OF DEATH— a. COUNTY Polk				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Polk					
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN "Rural" Looney Twp.		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fair Play					
d. FULL NAME OF HOSPITAL OR INSTITUTION in ambulance on Highway 13				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print)			a. (First) Laguardia		b. (Middle) Leuzenia		c. (Last) Hunt		
4. DATE OF DEATH		(Month) Dec.		(Day) 16		(Year) 1951			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Oct. 6, 1874		9. AGE (in years last birthday) 77			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME James Taylor Hunt			13b. MOTHER'S MAIDEN NAME Sarah Farmer			14. NAME OF HUSBAND OR WIFE Hattie Hunt			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs Hattie Hunt		ADDRESS Fair Play, Mo.			
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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusions				DUPLICATE OF (a) Coronary occlusions				2 hrs.	
ANTECEDENT CAUSES				DUE TO (b) Probable coronary sclerosis				?	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				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 4201						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 Dec 16, 6:00 PM, 19 51 , to Dec 16, 7:00 PM, 19 51 , that I last saw the deceased alive on Dec 16, 19 51 , and that death occurred at 7:45 p m. , from the causes and on the date stated above.									
23a. SIGNATURE R. Barnett				23b. ADDRESS M.D. Bolivar, Mo.		23c. DATE SIGNED 12-18-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 12-19-51		24c. NAME OF CEMETERY OR CREMATORY Barren Creek		24d. LOCATION (City, town, or county) (State) Polk County Mo.			
DATE REC'D BY LOCAL REG. 12-19-51		REGISTRAR'S SIGNATURE Ralph Gordon		25. FUNERAL DIRECTOR'S SIGNATURE Turpin Funeral Home		ADDRESS Bolivar, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECORDED DEC 27 1931

Dist. File 12-27-3200

Date Filed 12-28-31

STATEMENT BY LICENSED EMBALMER

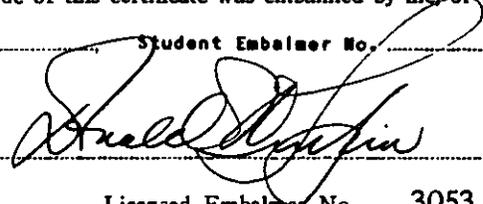
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____



Licensed Embalmer No. 3053

P. O. Address Bolivar, 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.