

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3750

State File No. ....

FILED FEB 4 1952

REG. DIST. NO. 359 PRIMARY REG. DIST. NO. 6220

Registrar's No. 2

No. 300  
10-48

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

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>		
b. CITY OR TOWN <u>Rural Harrison Mo</u>		c. LENGTH OF STAY (in this place) <u>10 years</u>	c. CITY OR TOWN <u>Acadia, Kans Rural R.F.D. #2</u>		d. STREET ADDRESS (If rural, give location) <u>Harrison Township 1080</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Harrison Township Vernon</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>		b. (Middle) <u>C.</u>	c. (Last) <u>HUNTER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>January 24 52</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>3/17-1878</u>	9. AGE (in years last birthday) <u>77</u>	IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rail Road Worker Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Scunthorpe Scotland</u>	12. CITIZEN OF WHAT COUNTRY? <u>Scotland</u>
13a. FATHER'S NAME <u>William Hunter</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Burns</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ed Bechtelmer Acadia, Mo. R.F.D. #4</u>		
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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CHRONIC MYOCARDITIS.</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>INDEFINITE.</u> DUE TO (c) " " " "  II. OTHER SIGNIFICANT CONDITIONS- Conditions contributing to the death but not related to the disease or condition causing death. <u>none.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>SEVERAL YEARS.</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>No operation. 4-2-22</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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 _____, 19____, <u>SEVERAL YEARS.</u> , that I last saw the deceased alive on <u>SEVERAL MONTHS</u> and that death occurred at <u>3 1/2</u> p.m., from the causes and on the date stated above.					
23a. SIGNATURE <u>F. C. Albright, M.D.</u> (Degree or title)		23b. ADDRESS <u>Garland, Kans.</u>		23c. DATE SIGNED <u>1-25-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/26/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen</u>	24d. LOCATION (City, town, or county) (State) <u>Rt. 2 Acadia, Kans.</u>		
DATE REC'D BY LOCAL REG. <u>Jan 28 1952</u>	REGISTRAR'S SIGNATURE <u>Mrs Ruth Faith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. P. Mooneyhan</u>	ADDRESS <u>Acadia, Kans.</u>		

10/10/10

**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.....

*my self*

Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed *N. T. Moorehan*

Licensed Embalmer No. *3614*

P. O. Address *Armadillo, Kansas*

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.