

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5059

State File No.

999

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

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| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u> | |
| c. LENGTH OF STAY (in this place) <u>45 YEARS</u> | | d. STREET ADDRESS (If rural, give location) <u>226 EAST 33rd Street</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARY'S HOSPITAL</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) | | 4. DATE OF DEATH | |
| a. (First) <u>EARNEST</u> | b. (Middle) <u>C.</u> | c. (Last) <u>HUNTER</u> | (Month) (Day) (Year) <u>Feb 29, 1952</u> |

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| 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>AUG 4, 1882</u> | 9. AGE (In years last birthday) <u>69</u> | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook</u> |
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| 10b. KIND OF BUSINESS OR INDUSTRY <u>RESTAURANT</u> | 11. BIRTHPLACE (State or foreign country) <u>PITTSVILLE MISSOURI</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
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| 13a. FATHER'S NAME <u>ELISHA CAVIN HUNTER</u> | 13b. MOTHER'S MAIDEN NAME <u>MARY ANN DAVIS</u> | 14. NAME OF HUSBAND OR WIFE <u>MARY HUNTER</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | 16. SOCIAL SECURITY NO. <u>486-05-6864</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>MRS. MARY HUNTER</u> | ADDRESS <u>226 EAST 33rd St. KANSAS CITY, MO.</u> |
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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Arterio Sclerosis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</u> |
| | ANTECEDENT CAUSES Morbidity 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. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from Oct, 1950, to Feb 29, 1952, that I last saw the deceased alive on Feb 28, 1952, and that death occurred at 5:55 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>G. R. Maser</u> (Degree or title) <u>MD</u> | 23b. ADDRESS <u>Missouri</u> | 23c. DATE SIGNED <u>2/29/52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>MARCH 3, 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>GREEN LAWN CEMETERY</u> | 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u> |
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| DATE REC'D BY LOCAL REG. <u>3-3-52</u> | REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomin Sons</u> | ADDRESS <u>KANSAS CITY, MISSOURI</u> |
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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.....

Robert Ray

Licensed Embalmer No.

4182

P. O. Address.....

Kansas City, 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.