

STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 8

1. PLACE OF DEATH  
a. COUNTY Iron  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ironton  
c. LENGTH OF STAY (in this place) 1 da,  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Iron  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Iron Twsp.  
d. STREET ADDRESS (If rural, give location) 2 mi. S.W. of Bismarck

3. NAME OF DECEASED  
a. (First) CLARENCE b. (Middle) WALTER c. (Last) HUNT  
(Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)  
Mar. 8 1952

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Nov. 28 1879

9. AGE (In years) (Month) (Day) (Year)  
72 3 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk, retired

10b. KIND OF BUSINESS OR INDUSTRY Probate court

11. BIRTHPLACE (State or foreign country) St. Louis Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Paul Minor Hunt

13b. MOTHER'S MAIDEN NAME Katherine Clayton

14. NAME OF HUSBAND OR WIFE Isabelle E. Hunt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no

16. SOCIAL SECURITY (If yes, give war or dates of service) 498-09-5921

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Margaret F. Ochs, Bismarck 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
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) Arterio Sclerosis  
DUE TO (c) Cerebral Hemorrhage  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
2 1/2 hrs  
5-7 years  
1 year

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4201

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.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

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 3-7 1952, to 3-8 1952, that I last saw the deceased alive on 3-7 1952, and that death occurred at 5:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

23b. ADDRESS Ironton Mo.

23c. DATE SIGNED 3-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 3-11-52

24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery

24d. LOCATION (City, town, or county) (State) Bismarck Mo.

DATE REC'D BY LOCAL REG. Mar 17 1952

REGISTRAR'S SIGNATURE Mrs. Aris Jones

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home, Ironton Mo.

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

470  
0

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

*Lyle H. White*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4295*

P. O. Address *Proctor, 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.