

No. 300 APR 28 1952 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11994

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 107

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia	
d. FULL NAME OF HOSPITAL OR INSTITUTION 502 Anderson Ave.		d. STREET ADDRESS (If rural, give location) 502 Anderson Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) PORTER b. (Middle) NEAL c. (Last) HUNT			4. DATE OF DEATH (Month) (Day) (Year) April 19, 1952			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 8, 1892	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months 1 Days 11	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Boone County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Thomas D. Hunt	13b. MOTHER'S MAIDEN NAME Mary Williamson	14. NAME OF HUSBAND OR WIFE Laura Gentry Hunt
--------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Porter N. Hunt, Columbia, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 years 2 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myelitis, Chronic arsenic poisoning		
	ANECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E 8861			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 3	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	---------------------------------------	--

21a. ACCIDENT SUICIDE (Specify) R2	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
------------------------------------	---	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Chronic arsenic poisoning
--	--	---

22. I hereby certify that I attended the deceased from Jan 1949, to April 19, 1952, that I last saw the deceased alive on April 19, 1952, and that death occurred at 9:40 P. m., from the causes and on the date stated above.

23a. SIGNATURE James M. Laker M.D.	(Degree or title)	23b. ADDRESS Columbia, Mo.	23c. DATE SIGNED April 21, 1952
---------------------------------------	-------------------	-------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 21, 1952	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) Columbia, Missouri.
---	----------------------------	--	--

DATE REC'D BY LOCAL REG. April 21 1952	REGISTRAR'S SIGNATURE Mrs. R. E. Palmer 310	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parson Funeral Service, Columbia, Mo
---	--	--

(Licensed Embalmers' Statement on Reverse Side)

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

APR 30 1955

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

Clarence M. Bello

Licensed Embalmer No. *4375*

P. O. Address *Columbia, 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.