

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16527**
2175

FILED JUN 7 1952

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 30 YRS.		d. STREET ADDRESS (If rural, give location) 5421 CHERRY	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5421 CHERRY			

3. NAME OF DECEASED (Type or Print) a. (First) THOMAS b. (Middle) R. c. (Last) HUNT			4. DATE OF DEATH (Month) (Day) (Year) 5-9-52		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, MARRIED	8. DATE OF BIRTH June 1, 1897	9. AGE (In years last birthday) 54	10. F UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) JUDGE			11. BIRTHPLACE (City and State or Foreign Country) KENTUCKY		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JAMES B. HUNT		13b. MOTHER'S MAIDEN NAME MARTHA E. TOTT		14. NAME OF HUSBAND OR WIFE MRS. VIRGINIA HUNT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES #1		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. VIRGINIA HUNT- 5421 CHERRY	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ventricular Fibrillation		INTERVAL BETWEEN ONSET AND DEATH 5 min.
	ANTECEDENT CAUSES DUE TO (b) Mitral Stenosis		
	DUE TO (c) Scarlet Fever		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			childhood. 0509

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 Apr 18, 1950, to May 9, 1952, that I last saw the deceased alive on May 9, 1952, and that death occurred, at 6:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE William F. Sanders (Degree or title) MD		23b. ADDRESS 1103 Grand St. MO		23c. DATE SIGNED May 12, 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-12-52		24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah	
24d. LOCATION (City, town, or county) (State) Kansas City MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & MC CLURE, KANSAS CITY, MO.			
DATE REC'D BY LOCAL REG. 5-12-52		REGISTRAR'S SIGNATURE Heraldine Holmes			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. D. ...
Mr. P. ...
Prof. ...
Dr. ...

9:30 - 11:30 AM Monday
1:30 - 3:00 PM

JUN 7 1928

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 _____

J. T. Crowell

Student Embalmer No. 451

working under my personal supervision.

Student *J. T. Crowell*
Student Embalmer

Signed *J. T. Crowell*
Licensed Embalmer No. 1415

P. O. Address H. C. ...

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.