S. No. 300
v. 10.48

FILED JUL 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19477

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 686

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

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Joseph
c. LENGTH OF STAY (In this place) 11 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Whitehead Creek

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Joseph 0117 0
d. STREET ADDRESS (If rural, give location) 2111 So. 6th Street

3. NAME OF DECEASED (Type or Print) a. (First) Earl b. (Middle) Arlington c. (Last) Hunter

4. DATE OF DEATH (Month) 6 (Day) 28 (Year) 1952

5. SEX Male 2
6. ~~COLOR OR~~ RACE Negro
7. ~~MARRIED~~, NEVER MARRIED, ~~WIDOWED, DIVORCED~~ (Specify) Never Married 6
8. DATE OF BIRTH 7 15 1940
9. AGE (In years last birthday) 11 | 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) Student
10b. KIND OF BUSINESS OR INDUSTRY School
11. BIRTHPLACE (State or foreign country) St. Joseph, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Thomas L. Hunter
13b. MOTHER'S MAIDEN NAME Leah Evelyn Thomas
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mrs Leah Slaughter ADDRESS 2111 So. 6th St.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowned — INTERVAL BETWEEN ONSET AND DEATH 1 day.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) Boy drowned while swimming in Whitehead Creek near the Bulevard Viadock in South Park

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION E9298 131 42
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) City Park System
21c. (CITY, TOWN, OR TOWNSHIP) St Joseph (COUNTY) Buchanan (STATE) Missouri
21d. TIME OF INJURY (Month) June (Day) 28 (Year) 1952 (Hour) 2:00 P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Drowned in a Water hole

22. *I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ On 6/28, 1952, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 2:00 P m., from the causes and on the date stated above.*

23a. SIGNATURE H F Mundy M.D. (Coroner) 3 (Degree or title)
23b. ADDRESS St Joseph, Mo.
23c. DATE SIGNED 6/28/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial U
24b. DATE 6-30-1952
24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery
24d. LOCATION (City, town, or county) St. Joseph, (State) Mo.

DATE REC'D BY LOCAL REG. July 2, 1952
REGISTRAR'S SIGNATURE Carl C. Casey 0 116
25. FUNERAL DIRECTOR'S SIGNATURE Wm. H. Alexander ADDRESS St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Wm. H. Alexander

Licensed Embalmer No. 4450

P. O. Address St. Joseph, 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.