

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23424

State File No.

No. 300
10.48

FILED JUL 1 - 1952 REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY <u>Verona Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Humphreys Wash twp</u>		c. LENGTH OF STAY (in this place or township) <u>3 weeks</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Verona</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3</u>			

3. NAME OF DECEASED (Type or Print) <u>ARMINTA HUNT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-21-52</u>		
a. (First)	b. (Middle)	c. (Last)			
<u>A</u>	<u>M</u>	<u>H</u>			
5. <u>1</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, DIVORCED, OR WIDOWED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>(7-19-78)</u>	9. AGE (In years last birthday) <u>73</u>	if UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>unknown</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Wade Hunt</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, specify or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital record Nevada</u>

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile deterioration</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Recent fracture of right leg on admission</u> DUE TO (c) <u>on admission</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Recent fracture of right leg on admission</u>	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Verona Lawrence Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>date not given</u>	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>unknown</u>

22. I hereby certify that I attended the deceased from 5-27-1952 to 6-21-1952, that I last saw the deceased alive on 6-21-1952, and that death occurred at 7 1/2 m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. G. Hall M.D.</u>	(Degree or title)	23b. ADDRESS <u>Leadon Mo</u>	23c. DATE SIGNED <u>6-21-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 23 '52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Garden City</u>	24d. LOCATION (City, town, or county) (State) <u>Garden City Cass Mo</u>
DATE REC'D BY LOCAL REG. <u>6-28-52</u>	REGISTRAR'S SIGNATURE <u>Anna J. Ferris</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Exchange Funeral Home Nevada Mo</u>	ADDRESS <u>Nevada Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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 *Sam F. Myster* _____

Licensed Embalmer No. *4805* _____

P. O. Address *Harrods, 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.