

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25265  
Registrar's No. 465

FILED AUG 11 1952

BIRTH NO. REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5913

1. PLACE OF DEATH a. COUNTY Perry 0790		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Perry 0790	
b. CITY OR TOWN RURAL-Bois Brule		c. CITY OR TOWN RURAL-Bois Brule	
c. LENGTH OF STAY (In this place) Lifetime		d. STREET ADDRESS (If rural, give location) Rural-Bois Brule	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural-Bois Brule			

3. NAME OF DECEASED a. (First) Charles b. (Middle) J. c. (Last) Hunt Sr			4. DATE OF DEATH (Month) (Day) (Year) 7 25 1952		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED. NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 16, 1881		9. AGE (In years last birthday) 71		10. IF UNDER 1 YEAR Months Days		11. IF OVER 1 YRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Plasterer			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Perry County Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME Cornelius Hunt			13b. MOTHER'S MAIDEN NAME Francis Hobig			14. NAME OF HUSBAND OR WIFE Eva Albrecht Hunt		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 491-18-7514		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Leslie Hunt Sr, Perryville Rt 1 Mo			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		II. OTHER SIGNIFICANT CONDITIONS						15 min.	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) coronary atherosclerosis						5 yrs.	
		DUE TO (c)							
		Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION. 4201						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 25 July, 1952, to 25 July, 1952, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 4:20 P.M., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) Richard N. Peterson, M.D.		23b. ADDRESS Perryville, Mo.		23c. DATE SIGNED 26 July '52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 28, 1952		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope		24d. LOCATION (City, town, or county) (State) Perryville Missouri	
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DATE REC'D BY LOCAL REG. July 29-52		REGISTRAR'S SIGNATURE 230 Jos J Zoller		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Young & Sons Perryville, Mo.	
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(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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville

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.