

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31325**
876

11 SEP 29 1952

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| BIRTH NO. _____ | | REG. DIST. NO. <u>128</u> | | PRIMARY REG. DIST. NO. <u>2000</u> | | Registrar's No. <u>876</u> | |
| 1. PLACE OF DEATH a. COUNTY GREENE | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY GREENE | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD | | 0396 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1037 E. MADISON | | | | d. STREET ADDRESS (If rural, give location) 1037 E. MADISON | | | |
| 3. NAME OF DECEASED (Type or Print) ALICE | | a. (First) | | b. (Middle) M. | | c. (Last) HUNT | |
| 4. DATE OF DEATH SEPT. 22, 1952 | | 4. DATE (Month) (Day) (Year) | | 5. SEX FEMALE | | 6. COLOR OR RACE WHITE | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | | 8. DATE OF BIRTH JAN. 15 1857 | | 9. AGE (In years last birthday) 95 | | 10. CITIZEN OF WHAT COUNTRY? USA | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME | | 10b. KIND OF BUSINESS OR INDUSTRY HOME | | 11. BIRTHPLACE (City and State or Foreign Country) BROWNSTOWN, ILL. | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME WILLIAM TAYLOR | | 13b. MOTHER'S MAIDEN NAME LEAH OWEN | | 14. NAME OF HUSBAND OR WIFE X | | | |
| 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. NO | | 17. INFORMANT'S SIGNATURE OR NAME MRS. NELLIE PAMPLIN SPFLD, 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of liver ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH See med. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 1561 | | 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) (Min.) | | 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 <u>7-10</u> , 19 <u>52</u> , to <u>9-22</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>9-22</u> , 19 <u>52</u> , and that death occurred at <u>9:40A</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <i>William J. ...</i> | | (Degree or title) | | 23b. ADDRESS Springfield, Mo. | | 23c. DATE SIGNED 9-22-52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE 9/26/52 | | 24c. NAME OF CEMETERY OR CREMATORY HAZELWOOD | | 24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO. | |
| DATE REC'D BY LOCAL REG. 9-25-52 | | REGISTRAR'S SIGNATURE <i>Edith Williams</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE H.H. LOHMEYER ADDRESS SPRINGFIELD, MO. | | | |

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 *Paul Schuyler*

Licensed Embalmer No. 4734

P. O. Address Spice, 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.