

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32479

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 304

1. PLACE OF DEATH a. COUNTY <i>Pettis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Pettis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Sedalia</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Green Ridge Twp</i>	
c. LENGTH OF STAY (If this place) <i>8 hours</i>		d. STREET ADDRESS (If rural, give location) <i>R#1 Green Ridge 0811</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Bothwell Hospital</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>BILLY</i> b. (Middle) <i>BRIM</i> c. (Last) <i>HUNTON</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Sept. 26 1952</i>		
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Oct. 9 1931</i>	9. AGE (In years) (last birthday) <i>20</i>	10. UNDER 1 YEAR (Months) <i>11</i>	11. UNDER 1 MRS. (Days) <i>17</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Section Hand M.R. & I. Railroad</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Pettis County, Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>W. Harold Hunton</i>	13b. MOTHER'S MAIDEN NAME <i>Bessie Brim</i>	14. NAME OF HUSBAND OR WIFE <i>Erma Jean Spry Hunton</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>W. Harold Hunton</i> ADDRESS <i>Green Ridge Mo.</i>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>7 hrs.</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Extensive burns</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <i>Automobile accident.</i> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>E8104 26</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <i>Accident</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Hegley # 65, 9 miles south of Sedalia Mo.</i>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Sept 25 1952 9:45 P.M.</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>Head on collision of two automobiles.</i>
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22. I hereby certify that I attended the deceased from *Sept 25*, 1952, to *Sept 26*, 1952, that I last saw the deceased alive on *Sept 26*, 1952 and that death occurred at *6:05 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>John E. Larny M.D.</i> (Degree or title)	23b. ADDRESS <i>111 West 4th Sedalia Mo.</i>	23c. DATE SIGNED <i>9-29-52</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>9-28-52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Green Ridge</i>	24d. LOCATION (City, town, or county) (State) <i>Green Ridge, Missouri</i>
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DATE REC'D BY LOCAL REG. <i>9-29-52</i>	REGISTRAR'S SIGNATURE <i>A. J. Campbell M.D.</i>	FUNERAL DIRECTOR'S SIGNATURE <i>Huston-Turner</i> ADDRESS <i>Windsor, Mo.</i>
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251-0 (Licensed Embalmer's Statement on Reverse Side)

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

OCT 8 1937

OCT 8 1937

OCT 8 1937

OCT 14 1937

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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address Windsor, 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.