

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35356

AUGUST 22 1952

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5574 Registrar's No. 177

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Lone Jack</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Lone Jack 0480</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>in town</i>		d. STREET ADDRESS (If rural, give location) <i>in town</i>	

3. NAME OF DECEASED (Type or Print) p. (First) <i>Emma</i> q. (Middle) <i>Casely</i> r. (Last) <i>Hunt</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>10-3-52</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed 2</i>	8. DATE OF BIRTH <i>6-15-1867</i>	9. AGE (In years) (Month) (Day) (Year) <i>85</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Jackson County Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	

13a. FATHER'S NAME <i>Wesley Yunker</i>	13b. MOTHER'S MAIDEN NAME <i>Sarah Franklin</i>	14. NAME OF HUSBAND OR WIFE <i>Jacob Hunt</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mr. Eunice Stratton</i> ADDRESS <i>Pleasant Hill Mo</i>

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerotic Heart Disease</i>		INTERVAL BETWEEN ONSET AND DEATH
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Natural</i>	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <i>Quayle D. Reeves Coroner</i>		23b. ADDRESS <i>1034 Riatta Bldg.</i>	23c. DATE SIGNED <i>10-4-52</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>10-6-52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Lone Jack</i>	24d. LOCATION (City, town, or county) (State) <i>Lone Jack Mo</i>
DATE REC'D BY LOCAL REG. <i>10-9-52</i>	REGISTRAR'S SIGNATURE <i>Donald C. Carnahan</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>W. B. Langford</i> ADDRESS <i>Leis Summit Mo</i>	

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

1958 12 21

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 *H. B. Langford*

Licensed Embalmer No. *5833*

P. O. Address *Leis Summit*

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.