

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 1846

FILED FEB 4 1953

BIRTH NO. 2655 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2004 Registrar's No. 54

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

1. PLACE OF DEATH a. COUNTY <b>JAS PER</b>		2. USUAL RESIDENCE (Where deceased lived; If institution, residence before admission) a. STATE <b>MISSOURI</b> COUNTY <b>JAS PER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JOPLIN</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JOPLIN</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>FREE MAN HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>FREE MAN HOSPITAL</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>RICHARD</b> b. (Middle) <b>LEE</b> c. (Last) <b>HUNT</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 24-1953</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WH. +</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>INFANT II</b>	8. DATE OF BIRTH <b>JAN. 24-1953</b>	9. AGE (In years last birthday) <b>—</b>	IF UNDER 1 YEAR Months <b>—</b> Days <b>—</b> Hours <b>—</b> Min. <b>14</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>		11. BIRTHPLACE (State or foreign country) <b>JOPLIN - MISSOURI</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>RICHARD HUNT</b>		13b. MOTHER'S MAIDEN NAME <b>DIXIE SHIPMAN</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>	
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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) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Richard Hunt - Joplin, Mo.</b>	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hemorrhagic Disease of newborn</b> INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Congenital Atelectasis</b> <b>10 hrs.</b> DUE TO (c) <b>Prematurity (about 4 wks)</b>			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 **1-24-53**, 19**53**, to **1-24-53**, 19**53**, that I last saw the deceased alive on **1-24-53**, 19**53**, and that death occurred at **11:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. J. ...</b> (Degree or title) <b>MD.</b>		23b. ADDRESS <b>...</b>		23c. DATE SIGNED <b>1/27/53</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JAN. 27-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>FORREST PARK</b>	
				24d. LOCATION (City, town, or county) (State) <b>JOPLIN - JASPER - MO.</b>	

DATE REC'D BY LOCAL REG. <b>1-27-53</b>		REGISTRAR'S SIGNATURE <b>...</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Paul Thomas Fisher, Mo.</b>	
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RECEIVED 2-2-53  
Jasper County Health Office

County File Number 53/2/114

Date Filed 2-3-53

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed Paul Thomas

Licensed Embalmer No. 1244

P. O. Address Fisher, Okla.

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.