

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8599**

FILED FEB 17 1953

BIRTH NO. _____		REG. DIST. NO. 374		PRIMARY REG. DIST. NO. 4849		Registrar's No. 6			
1. PLACE OF DEATH a. COUNTY Worth				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Worth					
b. CITY OR TOWN Allendale		c. LENGTH OF STAY (in this place) 5 yrs		c. CITY OR TOWN Allendale		1130			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0					
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Herbert c. (Last) Hunt			4. DATE OF DEATH (Month) (Day) (Year) 2-8-1953						
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH 9-16-1859			
9. AGE (In years last birthday) 93		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY own farm		11. BIRTHPLACE (City and State or Foreign Country) Paw-Paw, Illinois			
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Charles M. Hunt			13b. MOTHER'S MAIDEN NAME Ann Rumsey			14. NAME OF HUSBAND OR WIFE Julia Hunt			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Cora Elliott, Allendale, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 48 hours	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis				DUE TO (b) Myocardial Insufficiency				7 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE				DUE TO (c) ARTERIO SCLEROTIC Hypertensive				UNKNOWN	
19a. DATE OF OPERATION NONE			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?			
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 Dec 3, 1952 , to FEB 8, 1953 , that I last saw the deceased alive on FEB 7, 1953 , and that death occurred at 10:00 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Richard D. Duff, D.O.				23b. ADDRESS Grant City, Mo.		23c. DATE SIGNED Feb 11, 1953			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 2-10-53		24c. NAME OF CEMETERY OR CREMATORY Lotts Grove Cemetery		24d. LOCATION (City, town, or county) (State) Hartfield, Mo.			
DATE REC'D BY LOCAL REG. Feb. 13, 1953		REGISTRAR'S SIGNATURE Leta E. Dawson		25. FUNERAL DIRECTOR'S SIGNATURE Arch C. Duffell		ADDRESS Grant City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

130
1

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 Arch C. Dwyer

Licensed Embalmer No. 3252

P. O. Address Grant City, 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.