

FILED JUN 3 1953

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

18084

State File No. _____

2501

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
 a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

c. LENGTH OF STAY (in this place) 19 YEARS

c. CITY OR TOWN Kansas City

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1

e. STREET ADDRESS (If rural, give location) 4626 Tracy

3. NAME OF DECEASED (Type or Print)
 a. (First) Caddis b. (Middle) J. c. (Last) Hunnicuttt

4. DATE OF DEATH (Month) (Day) (Year)
5 12 53

5. SEX MALE 6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH APRIL 18, 1908

9. AGE (In years last birthday) 45 IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN

10b. KIND OF BUSINESS OR INDUSTRY CAR AGENCY

11. BIRTHPLACE (City and State or Foreign Country) FORT WORTH, TEXAS

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME HIRAM L. HUNNICUTT

13b. MOTHER'S MAIDEN NAME —

14. NAME OF HUSBAND OR WIFE VIOLET HUNNICUTT

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. 495-10-6930

17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. VIOLET HUNNICUTT, 4626 TRACY, K.C. 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) Pyelonephritis
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last...
 DUE TO (b) Severe aortic arteriosclerosis with occlusion of lower abdominal aorta
 DUE TO (c) thrombus due to arteriosclerosis of kidneys

INTERVAL BETWEEN ONSET AND DEATH
440x

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 19, 1952, to May 12, 1953, that I last saw the deceased alive on May 12, 1953, and that death occurred at 4:30P m., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns (Degree or title)

23b. ADDRESS 24th & Cherry

23c. DATE SIGNED 5-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION

24b. DATE MAY 15, 1953

24c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY

24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG 5-15-53 REGISTRAR'S SIGNATURE Seraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. H. Newcomer, Inc. Kansas City, Mo.

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

Ch. Money

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.....
Signature of Student Embalmer

Signed *Basil J. Honey*.....

Licensed Embalmer No. *472*.....

P. O. Address *Ashtabula*.....

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**