

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22246

State File No. _____

No. 300
10.48

FILED JUL 7 - 1953

BIRTH NO. _____ REG. DIST. 218 PRIMARY REG. DIST. NO. 5789 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Miss.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural - St. James Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural - St. James Twp. <u>0670</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6 mi. S.E. of East Prairie		d. STREET ADDRESS (If rural, give location) 6 mi. S.E. of East Prairie	

3. NAME OF DECEASED (Type or Print) Nancy	a. (First)	b. (Middle) Ann	c. (Last) Hunt	4. DATE OF DEATH June 20 1953	(Month) June (Day) 20 (Year) 1953
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>XX</u>	8. DATE OF BIRTH June 20, 1953	9. AGE (in years last birthday) 1	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u>	11. BIRTHPLACE (City and State or Foreign Country) Miss. Co. Missouri <u>0</u>	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Sanford Hunt	13b. MOTHER'S MAIDEN NAME Mozella Shannon	14. NAME OF HUSBAND OR WIFE <u>XX</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>XX</u>	16. SOCIAL SECURITY NO. <u>XX</u>	17. INFORMANT'S SIGNATURE OR NAME Sanford Hunt - East Prairie, Mo. Rt. 1	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 hour
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Premature</u>		
	ANTECEDENT CAUSES Morbidity 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"/>
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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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 22, 1953, to June 20, 1953, that I last saw the deceased alive on 19, and that death occurred at 2 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>A. J. Martin</u> (Degree or title)	23b. ADDRESS <u>East Prairie Mo 62453</u>	23c. DATE SIGNED <u>6-24-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>June 22, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>W.O.W. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>East Prairie, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-25-53</u>	REGISTRAR'S SIGNATURE <u>Gertrude G. Harber</u> 1970	GENERAL DIRECTOR'S SIGNATURE <u>David Shelby</u>	ADDRESS <u>East Prairie, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

JUL 2 REC

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed JUL 6 1956

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

Marion Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.