

STANDARD CERTIFICATE OF DEATH

State File No. **25420**

FILED AUG 12 1953

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5577 Registrar's No. 115

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY OR TOWN Asbury		c. CITY OR TOWN Asbury	
c. LENGTH OF STAY (in this place) 35yrs		d. STREET ADDRESS (If rural, give location) 0490	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) RHODA	b. (Middle)	c. (Last) HUNT	4. DATE OF DEATH (Month) (Day) (Year) August 3, 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH February 5, 1873	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 5 Days 28	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (State or foreign country) Boonville, Ind.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Goad	13b. MOTHER'S MAIDEN NAME Jane McCool	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. Maxine Biggs Phillips	ADDRESS Texas
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute "edullary Failure.		INTERVAL BETWEEN ONSET AND DEATH 1 min.
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		5 min.
	DUE TO (b) Coronary Occlusion DUE TO (c) Arterio Sclerosis		5 yr.
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from January, 1946, to August 3, 1953, that I last saw the deceased alive on August 2, 1953, and that death occurred at 7 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title) D. O. 2	23b. ADDRESS Asbury, Missouri	23c. DATE SIGNED 8/4/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 6, 1953	24c. NAME OF CEMETERY OR CREMATORY Black Jack Cemetery	24d. LOCATION (City, town, or county) (State) Barton County Missouri
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DATE REC'D BY LOCAL REG. 8-5-53	REGISTRAR'S SIGNATURE <i>[Signature]</i> 474	25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis	ADDRESS Webb City, Missouri
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RECEIVED AUG 11 1953

Jasper County Health Office

County File Number 658

Date Filed AUG 11 1953

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

Richard Gray Lewis

Licensed Embalmer No. 4495

P. O. Address Webb 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.