

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 266

FILED JAN 11 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (in this place) <b>50 Yrs</b>	c. CITY OR TOWN <b>St. Joseph</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION. <b>1615 So. 19th St.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <b>1615 So. 19th St.</b>		(If rural, give location) <b>01170</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Harry</b>	b. (Middle) <b>Howard</b>	c. (Last) <b>Hunt</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 2, 1954</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 30, 1877</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life. If retired) <b>Ret. (6) Maintenance Man</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>State Hosp.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Weston, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>William Hunt</b>	13b. MOTHER'S MAIDEN NAME <b>Diza Pierce</b>	14. NAME OF HUSBAND OR WIFE <b>Mary A. Hunt</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 <b>Mary A. Hunt</b> ADDRESS <b>1615 So. 19th City</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary atherosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs - 3</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Metabolic Stearosis</b>		
	DUE TO (c) <b>arteriosclerotic degeneration</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>10 yrs -</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>410 X</b>	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 12/31 1953, to Jan 2, 1954, that I last saw the deceased alive on 12/31, 1953, and that death occurred at 11:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Frank Nardigan M.D.</b>	23b. ADDRESS <b>670 Jones St. City</b>	23c. DATE SIGNED <b>1/4/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-5-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Jan 7, 1954</b>	REGISTRAR'S SIGNATURE <b>Katherine M. Allison</b> <b>485</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Herman W. A. Aidenfelder</b> ADDRESS <b>1802 Union St. St. Joseph Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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..... *Robert H. Gable*.....  
Licensed Embalmer No. 3308

P. O. Address St. Joseph.

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.