

FILED AUG 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26513**

BIRTH NO. _____ REG. DIST. NO. **52** PRIMARY REG. DIST. NO. **4077** Registrar's No. **57**

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

| | | | | | |
|--|---|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY Cape Girardeau, Mo. b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Whitewater c. LENGTH OF STAY (in this place) 8 1/2 yr d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Family home near Whitewater | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape c. CITY OR TOWN Whitewater d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> e. STREET ADDRESS (If rural, give location) MO Rural | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Levi c. (Last) Hunter | | 4. DATE OF DEATH (Month) (Day) (Year) Aug 3 1954 | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Dec 17, 1870 | 9. AGE (In years last birthday) 83 IF UNDER 1 YEAR: Months 7 Days 16 IF UNDER 24 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farmer | | 11. BIRTHPLACE (City and State or Foreign Country) Whitewater Mo. | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A | | 13a. FATHER'S NAME Robert Hunter | | | |
| 13b. MOTHER'S MAIDEN NAME Susah Jane Kinder | | 14. NAME OF HUSBAND OR WIFE (Deceased) | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. no | | 17. INFORMANT'S SIGNATURE OR NAME Homer Kinder | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES high blood pressure Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. old age. 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. | | INTERVAL BETWEEN ONSET AND DEATH 7 months | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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) 331 X | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 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 17th 1953 to Aug 3, 1954 , that I last saw the deceased alive on July 24, 1954 and that death occurred at 9:20 a.m. , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) Wend Savault M.D. | | | 23b. ADDRESS Delta Mo | | |
| 23c. DATE SIGNED Aug 7-54 | | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | |
| 24b. DATE Aug-5 1954 | | 24c. NAME OF CEMETERY OR CREMATORY Fairview | | 24d. LOCATION (City, town, or county) (State) Arbor Missouri-Rural | |
| DATE REC'D BY LOCAL REG. Aug 11-54 | | REGISTRAR'S SIGNATURE A. S. Baker | | 25. FUNERAL DIRECTOR'S SIGNATURE Joe B. Howell | |
| | | 43- | | ADDRESS Cape Girardeau | |

SEP 14 1938

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 *W. H. Estes*

Licensed Embalmer No. *3528*

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