No. 300
10-48

FILED AUG 26 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26921

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 126

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

1. PLACE OF DEATH

a. COUNTY: GRUNDY

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

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2002 LULU ST.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: MO.

b. COUNTY: BUCHANAN

c. CITY OR TOWN: ST. JOSEPH

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

e. STREET ADDRESS (If rural, give location): 509 MITCHELL AVENUE

0117

3. NAME OF DECEASED (Type or Print)

a. (First): OLIN

b. (Middle): JACK

c. (Last): HUNT

4. DATE OF DEATH (Month) (Day) (Year): JULY 21 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

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

8. DATE OF BIRTH: AUG 8 1885

9. AGE (In years last birthday): 68

IF UNDER 1 YEAR: Months | Days

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:

11. BIRTHPLACE (City and State or Foreign Country): BETHANY MO

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: WILLIAM HUNT

13b. MOTHER'S MAIDEN NAME: SARAH LAWRENCE

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 488-22-9044

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: RUBY NIGH 2002 LULU TRENTON 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Pulmonary Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: One hour

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Bronchogenic ca of Rt lung — 10 months

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: 162 X

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) m.

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* 7-21, 1954, *to* 7-21, 1954, *that I last saw the deceased alive on* 7-21, 1954, *and that death occurred at* 7:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. L. Clark M.D.

23b. ADDRESS: Trenton, MO.

23c. DATE SIGNED: 7/23/54

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

24b. DATE: JULY-23-1954

24c. NAME OF CEMETERY OR CREMATORY: HAMILTON CEM.

24d. LOCATION (City, town, or county) (State): MERCER CO. MO.

DATE REC'D BY LOCAL REG.: 7-23-54

REGISTRAR'S SIGNATURE: Irene Vaid 115

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: SCHOOLER FUNERAL HOME SPICKARD MO.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ross Wise

Licensed Embalmer No. 377

P. O. Address Spickard

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.