

FILED AUG 27 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 27385  
Registrar's No. 3780

BIRTH NO. ---		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3780	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. LENGTH OF STAY (in this place) 12 yrs		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital				e. STREET ADDRESS (If rural, give location) 3400 Gillham Road 3509			
3. NAME OF DECEASED (Type or Print) a. (First) WALTER		b. (Middle) W.		c. (Last) HUNT		4. DATE OF DEATH (Month) (Day) (Year) 8 2 54	
5. SEX Male		6. COLOR OR RACE Wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 4-16-1892	
9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Dentist		11. BIRTHPLACE (City and State or Foreign Country) Bowling Green, Ky. 1		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Rev. Jas. B. Hunt		13b. MOTHER'S MAIDEN NAME Martha E. Totty		14. NAME OF HUSBAND OR WIFE Amy Martin Hunt			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. W.W.#1		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Amy M. Hunt, 3400 Gillham Rd			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of liver (Laennec's)  ANTECEDENT CAUSES Morbid 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.				INTERVAL BETWEEN ONSET AND DEATH 7  5810	
19a. DATE OF OPERATION July 26, 1954		19b. MAJOR FINDINGS OF OPERATION Abdominal paracitosis - only fluid found				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from June 14, 1954, to August 2, 1954, that I last saw the deceased alive on August 2, 1954, and that death occurred at 4:20 P.M., from the causes and on the date stated above.							
23a. SIGNATURE E. G. Kettner		(Degree or title) M.D.		23b. ADDRESS Kansas City, Mo.		23c. DATE SIGNED 8/3/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-4-1954		24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery		24d. LOCATION (City, town, or county) (State) Liberty Mo.	
DATE REC'D BY LOCAL REG. 8-3-54		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wagner Funeral Home, 16 Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 3  
850 (Fancy) 1850

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 *Alvin R. Haunscho*

Licensed Embalmer No. *41*

P. O. Address *K. e.*

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.