

FILED NOV 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34605

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>207</u>		PRIMARY REG. DIST. NO. <u>5755</u>		Registrar's No. <u>69</u>		
1. PLACE OF DEATH a. COUNTY <u>Maries</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Michigan</u> b. COUNTY <u>Wayne</u> <u>8210</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural--Jackson</u>		c. LENGTH OF STAY (in this place) --		c. CITY (If outside corporate limits, write RURAL and give township) <u>Detroit</u>		<u>H10 8</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 28, 15 miles N of Dixon</u>				d. STREET ADDRESS (If rural, give location) <u>2504 Concord</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Henry</u> c. (Last) <u>Hunt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>November 6, 1954</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>10 December 1933</u>		
9. AGE (In years last birthday) <u>20</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Soldier</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>US Army</u>		11. BIRTHPLACE (State or foreign country) <u>Centreville, Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Thomas Hunt</u>			13b. MOTHER'S MAIDEN NAME <u>Mary (Unknown)</u>		14. NAME OF HUSBAND OR WIFE --			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>364-34-3901</u>		17. INFORMANT'S SIGNATURE OR NAME <u>A. White, Capt, MSC</u>		ADDRESS <u>US Army Hosp Ft Leonard Wood, Mo.</u>		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Contusion of Brain Stem</u>				<u>Approx 3 minutes</u>				
ANTECEDENT CAUSES Morbidity 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 <u>Subarachnoid hemorrhage, pulmonary contusion & interstitial hemorrhage of the pancreas</u>								
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION --				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 28</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Jackson</u> (COUNTY) <u>Maries</u> (STATE) <u>Missouri</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>November 6, 1954 8:10 pm</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Automobile accident</u>				
22. I hereby certify that I certified ^{saw} the deceased on ^{on} <u>6 November, 1954</u> , at the residence of the deceased ^{at the residence of the deceased} and that death occurred at <u>8:10 pm.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>C. E. KIME, Capt, MC</u>				23b. ADDRESS <u>US Army Hospital Fort Leonard Wood, Missouri</u>		23c. DATE SIGNED <u>8 Nov 1954</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Nov 8 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>		24d. LOCATION (City, town, or county) (State) <u>Centreville, Mississippi</u>		
DATE REC'D BY LOCAL REG. <u>11-12-54</u>		REGISTRAR'S SIGNATURE <u>Pauline Howard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walker P Hedger Iberia Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 19 1954

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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 _____

Clarence Moss

Licensed Embalmer No. 4896

P. O. Address Waynesville, N.C.

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.