

FILED DEC 7 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37799**

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>5578</u>		Registrar's No. <u>770</u>			
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>AIR PORT DRIVE Joplin Twp</u>		c. LENGTH OF STAY (in this place) <u>30</u> days		c. CITY OR TOWN <u>JOPLIN Twp.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AIR PORT DRIVE</u>				STREET ADDRESS (If rural, give location) <u>AIR PORT DRIVE Joplin, Mo. R3</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIZA</u>		b. (Middle) <u>RUSK</u>		c. (Last) <u>HUNTER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DECEMBER 3 1954</u>			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>MARCH 28, 1868</u>			
9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR Days <u>8</u>		IF UNDER 24 HRS. Hours <u>5</u> Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>DOMESTIC</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>WEDDINGTON GAP, ARKANSAS</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			13a. FATHER'S NAME <u>DAVE RUSK</u>		13b. MOTHER'S MAIDEN NAME <u>NO DATA</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN R. HUNTER DECEASED</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS ROY S. McABOY WEBB CITY, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic lobar pneumonia</u>  ANTECEDENT CAUSES DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) <u>Coronary arteriosclerosis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>						INTERVAL BETWEEN ONSET AND DEATH* <u>2 days</u>  <u>Unknown</u>  <u>Unknown</u>	
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) <u>4201</u>					
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? _____					
22. I hereby certify that I attended the deceased from <u>11/7</u> , <u>1954</u> , to <u>12/3</u> , <u>1954</u> , that I last saw the deceased alive on <u>12/2</u> , <u>1954</u> , and that death occurred at <u>10Am.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Mrs Webb-Lewis &amp; Co.</u> (Degree or title)				23b. ADDRESS <u>Webb City, Missouri</u>		23c. DATE SIGNED <u>12/4/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-6-'54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FOPREST PARK CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>JOPLIN, MO</u>			
DATE REC'D BY LOCAL REG. <u>12-4-'54</u>		REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer 474-9</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>HEDGE-LEWIS FUNERAL HOME WEBB CITY, MO</u>					

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 *Richard Gray* .....

Licensed Embalmer No. *444* .....

P. O. Address *Webb* .....

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