0.300
0.48

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

FILED DEC 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40176

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1289

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 56 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Methodist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph
d. Is Residence within limits of a city or incorporated town? Yes XX No ☐
STREET ADDRESS (If rural, give location): 2713 Gene Field Road

3. NAME OF DECEASED (Type or Print)
a. (First): Byron
b. (Middle): Sly
c. (Last): Hunter

4. DATE OF DEATH (Month) (Day) (Year): December 2, 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: February 24, 1891
9. AGE (In years last birthday): 63 — 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): Pres. Mo. Live Stock Comm. Co.
10b. KIND OF BUSINESS OR INDUSTRY: Comm. Co.
11. BIRTHPLACE (City and State or Foreign Country): Rockport, Missouri.
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: George Hunter
13b. MOTHER'S MAIDEN NAME: Cenoma Sly
14. NAME OF HUSBAND OR WIFE: Neva G. Hunter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW #1.
16. SOCIAL SECURITY NO.: 486-09-4612
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Neva G. Hunter — ADDRESS: St. Joseph, 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) Multiple cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 mo

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. 332X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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* Oct 1, 1954, *to* Dec 2, 1954 *that I last saw the deceased alive on* Dec 2, 1954, *and that death occurred at* 11:50P m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. Carpenter — (Degree or title): MD — **23b. ADDRESS**: 902 Edmond St. City — **23c. DATE SIGNED**: Dec 4 54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 5, 1954
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Rockport, Missouri.

DATE REC'D BY LOCAL REG.: Dec. 13, 1954
REGISTRAR'S SIGNATURE: Esther M. Allison 4.8.5
25. FUNERAL DIRECTOR'S SIGNATURE: Meierhoffer-Freeman, Inc. — **ADDRESS**: St. Joseph, 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 Raymond H. Moreh

Licensed Embalmer No. 4413

P. O. Address ....St. Joseph.

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