

FILED JAN 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 862

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 53-A

1. PLACE OF DEATH a. COUNTY CRANE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Stone	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Reed Springs 1040	
c. LENGTH OF STAY (in this place) 30 days		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Hester b. (Middle) M. c. (Last) Hunt			4. DATE OF DEATH (Month) (Day) (Year) 1-16-55		
5. SEX Female	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2-1-1894		9. AGE (In years last birthday) 70
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Ozark County, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME David Bushong		13b. MOTHER'S MAIDEN NAME Victoria Amyx		14. NAME OF HUSBAND OR WIFE Robert O. Hunt - deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ?	17. INFORMANT'S SIGNATURE OR NAME ADDRESS B. E. Hunt, Reed Springs, Mo		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 2-3 mo
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma Stomach				
		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.				

19a. DATE OF OPERATION 12-18-54	19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma Stomach Metastatic Hemorrhage				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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **12-13-54**, to **1-16-55**, that I last saw the deceased alive on **1-15-55**, and that death occurred at **5:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thomas S. Ashby M.D.		23b. ADDRESS Springfield, Mo.		23c. DATE SIGNED 1-21-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-19-55	24c. NAME OF CEMETERY OR CREMATORY Smith Chapel	24d. LOCATION (City, town, or county) (State) Ozark Mo		
DATE REC'D BY LOCAL REG. 1-24-55	REGISTRAR'S SIGNATURE Edith Williamson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clinkingbeard Gainesville			

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
Student Embalmer

Signed

John R. Elrey

Licensed Embalmer No.

4885

P. O. Address

Germantown, Mo

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.