

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11047

State File No.

FILED MAY 9 1955

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 460

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

1. PLACE OF DEATH a. COUNTY <u>Bushanan.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph.</u>		c. LENGTH OF STAY (in this place) <u>17 yrs. 6 m. 25 dy.</u>	c. CITY OR TOWN <u>Lepington</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 2.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
No. STREET ADDRESS <u>132 N. 24th.</u>		(If rural, give location) <u>0547</u>	

3. NAME OF DECEASED (Type or Print) <u>WILLIAM</u>	a. (First)	b. (Middle) <u>—</u>	c. (Last) <u>HUNTER,</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-29-1955.</u>
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5. SEX <u>Male.</u>	6. COLOR OR RACE <u>Negro.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed.</u>	8. DATE OF BIRTH <u>4-21-1866.</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>8.</u>	IF UNDER 24 HRS. Hours <u>—</u> Min. <u>—</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <u>Plasterer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Common labor</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>New Mexico.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>William H. Hunter.</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Hawkins.</u>	14. NAME OF HUSBAND OR WIFE <u>Sarah</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>None.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Eva Hunter Saunders.</u>	ADDRESS <u>132 N. 24th. Lepington Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Yes</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u>		
	II. OTHER SIGNIFICANT CONDITIONS <u>arterio sclerosis.</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1500</u>	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)
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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?
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22. I hereby certify that I attended the deceased from 1-1-, 1948, to 4-29-, 1955, that I last saw the deceased alive on 4-29-, 1955, and that death occurred at 11:30 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>J. H. Marroway</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>State Hospital No. 2, St. Joseph, Mo.</u>	23c. DATE SIGNED <u>4-29-1955.</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-1-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>	24d. LOCATION (City, town, or county) (State) <u>Lepington Mo.</u>
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DATE REC'D BY LOCAL REG. <u>May 5, 1955</u>	REGISTRAR'S SIGNATURE <u>Evelyn M. Allison</u>	485-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>George Green Marshall</u>	ADDRESS <u>Mo.</u>
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