

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12724

State File No.

BIRTH NO. 30656-55 REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 5851 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) Matthews	c. LENGTH OF STAY (If in this place) 1 day	c. CITY (If outside corporate limits, write RURAL and give township) Matthews	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If rural, give location) Rout 2 Box 18 A.	

3. NAME OF DECEASED (Type or Print) a. (First) Lee Earnest b. (Middle) xxxxxx c. (Last) Hunt			4. DATE OF DEATH (Month) (Day) (Year) April 27 1955					
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH April 26, 1955	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 0	IF UNDER 1 YEAR Days 1	IF UNDER 1 YEAR Hours 0	IF UNDER 1 YEAR Mins. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Matthews R, 2		12. CITIZEN OF WHAT COUNTRY? U, S, A		

13a. FATHER'S NAME Lee Earnest Hunt		13b. MOTHER'S MAIDEN NAME Ora Lee Warren		14. NAME OF HUSBAND OR WIFE xx			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Lee Earnest Hunt		ADDRESS Matthews R, 2	

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown		INTERVAL BETWEEN ONSET AND DEATH 30 hours
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Possible brain injury at birth.		
	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	19b. MAJOR FINDINGS OF OPERATION 7600	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) (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 4-27, 1955, to 4-27, 1955, that I last saw the deceased alive on 4-27, 1955, and that death occurred at 11:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. D. Urban M.D.		23b. ADDRESS Sikeston		23c. DATE SIGNED 4-30-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-28-55	24c. NAME OF CEMETERY OR CREMATORY Smith West End Camp West of Sikeston, Mo	24d. LOCATION (City, town, or county) (State) Sikeston, Mo	
DATE REC'D BY LOCAL REG. 2/24/55	REGISTRAR'S SIGNATURE Thomas S. Roberts Reg.	513-0	25. FUNERAL DIRECTOR'S SIGNATURE Fred J. Smith	
			ADDRESS 1212 Maud St.	

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

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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 *Fred Smith*

Licensed Embalmer No. *4408*

P. O. Address *Sikeston, 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.