

FILED JUL 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18408

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 5474 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY GRUNDY		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Missouri b. COUNTY Grundy	
b. CITY (If outside of State limits, give State and county) OR TOWN Jamestown Rural		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Jamestown Rural
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 8400			

3. NAME OF DECEASED (Type or Print) a. (First) ANNA b. (Middle) LEE c. (Last) HUNT			4. DATE OF DEATH (Month) (Day) (Year) May 26 1955		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 10 - 1880	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 4 Days 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Livingston Co. Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Charles W. Marlin	13b. MOTHER'S MAIDEN NAME Sarah Prothers	14. NAME OF HUSBAND OR WIFE Jessie L. Hunt - deceased
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.	17. INFORMANT'S SIGNATURE OR NAME Lawrence Hunt
		ADDRESS Jamestown 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis 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 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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?
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22. I hereby certify that I attended the deceased from **Mar 1**, 1955, to **May 26**, 1955, that I last saw the deceased alive on **May 25**, 1955, and that death occurred at **1:15 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE J. H. Bailey	(Degree or title)	23b. ADDRESS 100 1/2 Jamestown Mo	23c. DATE SIGNED 5-28-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 29 - 1955	24c. NAME OF CEMETERY OR CREMATORY Shelborn	24d. LOCATION (City, town, or county) (State) Grundy Co. Missouri
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DATE REC'D BY LOCAL REG. 5-29-55	REGISTRAR'S SIGNATURE J. H. Fair	25. FUNERAL DIRECTOR'S SIGNATURE J. H. Roberson	ADDRESS Jamestown Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

11 1955

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 *Q. L. Roberson*

Licensed Embalmer No. 324

P. O. Address *Jamesport*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.