

FILED JUL 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19094

State File No.

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5574 Registrar's No. 117

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived) If institution: residence before admission). a. STATE <u>mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Town of Lone Jack (Rural) Van Buren</u>	c. LENGTH OF STAY (in this place) <u>10 yrs</u>	c. CITY OR TOWN <u>Lone Jack</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 mi South East</u>		STREET ADDRESS (If rural, give location) <u>5 mi South East 1000</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>E</u> c. (Last) <u>Hunt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 20 - 1955</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 16 - 1867</u>		9. AGE (in years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <u>88</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired O.A.P.</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Lone Summit mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>usa</u>
13a. FATHER'S NAME <u>John H. Adams</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Cantrell</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased John H. Hunt</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Homer Elmer Lone Jack mo</u>	

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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerotic Cordis Vascul Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>443XF</u>		
DUE TO (c) <u>Fracture of Right Femur</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		3 mo
19a. DATE OF OPERATION <u>---</u>	19b. MAJOR FINDINGS OF OPERATION <u>---</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>---</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>---</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>---</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>---</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>---</u>

22. I hereby certify that I attended the deceased from June 1, 1947, to 6-7, 1955, that I last saw the deceased alive on 6-7, 1955, and that death occurred at 12 noon, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John W. Wilberis MD</u>		23b. ADDRESS <u>Oak Grove</u>		23c. DATE SIGNED <u>6-21-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>6-22-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lone Jack Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Lone Jack mo</u>	
DATE REC'D BY LOCAL REG. <u>6-25-55</u>	REGISTRAR'S SIGNATURE <u>D. B. Langford</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Webb Funeral Home, Oak Grove mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *R B Webb*.....

Licensed Embalmer No. *23*.....
P. O. Address *Blue Springs*.....

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