

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21174

State File No.

FILED AUG 8 - 1955

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 814

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan <u>0117</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Joseph	c. LENGTH OF STAY (in this place) Life	c. CITY OR TOWN St. Joseph	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		e. STREET ADDRESS (If rural, give location) 2221 South 14th St.	

3. NAME OF DECEASED (Type or Print) a. (First) William	b. (Middle) Phillip	c. (Last) Hunt	4. DATE OF DEATH Aug. 2, 1955 (Month) (Day) (Year)
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 25, 1906
9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days	IF UNDER 11 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Credit Mgr.	10b. KIND OF BUSINESS OR INDUSTRY Armour & Co.	11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Mo. <input checked="" type="checkbox"/>	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Harry H. Hunt	13b. MOTHER'S MAIDEN NAME Mary Hart	14. NAME OF HUSBAND OR WIFE Margaret Hunt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. 487-09-0950	17. INFORMANT'S SIGNATURE OR NAME Mrs Wm. P. Hunt
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, asthenia, etc. It means the disease, injury, or complication which caused death.		19. ADDRESS 2221 So. 14th City

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 min
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		DUE TO (b) Coronary sclerosis		undist
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) 4201		
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	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) m.	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 8-22, 1955, to 8-2, 1955, that I last saw the deceased alive on 8-2, 1955, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE Clement C. Ashmont M.D. St. Joseph Mo	23b. ADDRESS	23c. DATE SIGNED 8-3-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 5, 55	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.		

DATE REC'D BY LOCAL REG. Aug. 4, 1955	REGISTRAR'S SIGNATURE Esther M. Allison	485	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
			Hermon W. Siderfaden	St. Joseph, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

Student

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.....
Robert H. Gable

Licensed Embalmer No. 3308

P. O. Address St. Joseph

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