

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **101**

1. PLACE OF DEATH a. COUNTY Saint Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Kinloch	c. LENGTH OF STAY (In this place) 3 Mo.	c. CITY OR TOWN Kinloch	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 1005 Boyd St.		e. STREET ADDRESS (If rural, give location) 1005 Boyd Street	

3. NAME OF DECEASED (Type or Print) a. (First) LILLIE b. (Middle) BEITE c. (Last) HUNT			4. DATE OF DEATH (Month) (Day) (Year) January 10, 1955	
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5. SEX Female	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 8, 1898	9. AGE (In years last birthday) 57 if UNDER 1 YEAR Months Days if OVER 1 YEAR Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and State or Foreign Country) Macon, Miss.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Calvin Cotton	13b. MOTHER'S MAIDEN NAME Amanda Lewis	14. NAME OF HUSBAND OR WIFE Jerry Hunt
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME V. Mathis, 1005 Boyd, Kinloch, Mo.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial insufficiency DUE TO (c) Arteriosclerotic heart disease		
	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"/>
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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) 4200
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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 12-25, 1954, to 1-10, 1955, that I last saw the deceased alive on 1-10, 1955, and that death occurred at 10:00A., from the causes and on the date stated above.

23a. SIGNATURE <i>Shadler S. Wilson, M.D.</i>	23b. ADDRESS 40 N. Florissant Rd.	23c. DATE SIGNED 1-11-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 15 Jan 54	24c. NAME OF CEMETERY OR CREMATORY Washington Park	24d. LOCATION (City, town, or county) (State) Beckley, Mo.
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DATE REC'D BY LOCAL REG. 1/14/55	REGISTRAR'S SIGNATURE <i>Walter R. Stambly</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Walter R. Stambly</i>	ADDRESS Boyd - Kinloch
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1/25/55 eb

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.....



Licensed Embalmer No. 444.....

P. O. Address St Louis.....

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.