No. 300
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FILED SEP 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30253

BIRTH NO. _____ REG. DIST. NO. 242 PRIMARY REG. DIST. NO. 4362 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY: NEW MADRID
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL
c. LENGTH OF STAY (in this place): 8 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SIKESTON R7D #4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: NEW MADRID
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL
d. STREET ADDRESS (If rural, give location): SIKESTON R7D #4

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIS
b. (Middle): BENNETT
c. (Last): HUNT

4. DATE OF DEATH (Month) (Day) (Year): 9-15-1955

5. SEX: M
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 9-14-1859
9. AGE (In years last birthday): 96 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RET
10b. KIND OF BUSINESS OR INDUSTRY: FARMER
11. BIRTHPLACE (City and State or Foreign Country): GIPSON Co TENN
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JAMES
13b. MOTHER'S MAIDEN NAME: MATILDA GANT
14. NAME OF HUSBAND OR WIFE: Fannie Warren Hunt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Orrin Hunt - Sikeston Mo — ADDRESS: R7D 4

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
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:
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-1, 1955, *to* 9-15, 1955, *that I last saw the deceased alive on* 9-15, 1955, *and that death occurred at* 6:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. M. Jarno, MD
23b. ADDRESS: Morehouse Mo
23c. DATE SIGNED: 9-16-55

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 9-16-1955
24c. NAME OF CEMETERY OR CREMATORY: City
24d. LOCATION (City, town, or county) (State): DYERSBURG TENN

DATE REC'D BY LOCAL REG.: 9-23-55
REGISTRAR'S SIGNATURE: Kathryn L. McBain
25. FUNERAL DIRECTOR'S SIGNATURE: Welsh Funeral Home - Sikeston Mo — ADDRESS:

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED SEP 26 1955
NEW MADRID CO. HEALTH CENTER
P. J. S.

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 Raymond Crews

Licensed Embalmer No. 3467

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.