

FILED DEC 12 1955

STANDARD CERTIFICATE OF DEATH

State File No. 36251

BIRTH NO.		REG. DIST. NO. <u>64</u>		PRIMARY REG. DIST. NO. <u>5245</u>		Registrar's No. <u>55</u>	
1. PLACE OF DEATH a. COUNTY <u>Chariton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Chariton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Keytesville Twp/18 Mon</u>		c. LENGTH OF STAY (In this place) <u>18 Months</u>		c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>Keytesville, Mo.</u>		<u>10210</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chariton County Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>South part of Keytesville</u>			
3. NAME OF DECEASED (Type or Print) <u>Kate</u>		a. (First)		b. (Middle) <u>M.</u>		c. (Last) <u>Hunt</u>	
4. DATE OF DEATH <u>Dec. 7th, 1955</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>April 23rd, 1863</u>		9. AGE (In years last birthday) <u>92</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 11 HRS. Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House wife</u>		11. BIRTHPLACE (State or foreign country) <u>Keytesville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Cocks</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Brown</u>		14. NAME OF HUSBAND OR WIFE <u>Marcellus B. Hunt</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Richard Hunt Kansas city, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar pneumonia</u> 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. <u>490X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7-8 hours</u>	
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)		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 <u>Nov 28</u> , 19 <u>55</u> , to <u>Dec 7</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Dec 7</u> , 19 <u>55</u> , and that death occurred at <u>1:00 P.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Carl C. Meyer</u>				23b. ADDRESS <u>M.D. Keytesville Mo</u>		23c. DATE SIGNED <u>12/8/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 9th, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Keytesville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-9-55</u>		REGISTRAR'S SIGNATURE <u>W. H. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Keytesville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 Leburn K Tillatso

Licensed Embalmer No. 4508

P. O. Address Marceline

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.