

FILED JAN 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40211

State File No.

 BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1181

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before - a. STATE MISSOURI b. COUNTY GREENE ad.incl.in). c. CITY OR TOWN SPRINGFIELD		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. LENGTH OF STAY (in this place) 41 years		e. STREET ADDRESS (If rural, give location) 215 Ramona Court	
d. FULL NAME OF HOSPITAL OR INSTITUTION 519 Cherry					

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) JESSE c. (Last) HUNT			4. DATE OF DEATH (Month) (Day) (Year) December 31, 1955		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct 8, 1876		9. AGE (In years) (Last birthday) (Months) (Days) 79		IF UNDER 1 YEAR Hours Mins.		IF UNDER 24 HRS. Hours Mins.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY Painting		11. BIRTHPLACE (City and State or Foreign Country) Kentucky		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME William J. Washington Hunt		13b. MOTHER'S MAIDEN NAME Nancy J. Hornbeak		14. NAME OF HUSBAND OR WIFE Margaret C. 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. 491-03-1377		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mildred M. Karstien, Springfield, Missouri		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, ashenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Accident				INTERVAL BETWEEN ONSET AND DEATH 3 days	
		ANTECEDENT CAUSES Cardio Renal Vascular Disease				7 - 10 yrs	
		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. 442X					

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 (Specify) HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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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?	
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22. I hereby certify that I attended the deceased from 12/15, 1955, to 12/31, 1955, that I last saw the deceased alive on 12/29, 1955, and that death occurred at 2:45 a., from the causes and on the date stated above.

23a. SIGNATURE M. L. Hunt (Degree or title)		23b. ADDRESS Medical Arts Building, Springfield, Missouri		23c. DATE SIGNED 1/3/56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/2/56		24c. NAME OF CEMETERY OR CREMATORY Smith		24d. LOCATION (City, town, or county) (State) Greene County, Missouri	
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DATE REC'D BY LOCAL REG. 1-10-56		REGISTRAR'S SIGNATURE Edith Williamson		25. FUNERAL DIRECTOR'S SIGNATURE Ray James		ADDRESS Springfield, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

D. 300
D. 48

MAR 4 1957

MAR 13 1957

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.....
L. J. Harris

Licensed Embalmer No. 3311

P. O. Address.....
Harris

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.