S. No. 300
v. 10.48

FILED FEB 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3972

State File No. 8

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5143 Registrar's No. 158

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

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bradley Mo
c. LENGTH OF STAY (in this place): 8 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Poplar Bluff Tuf

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Butler
c. CITY OR TOWN: Bradley Mo.
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Morocco Community

3. NAME OF DECEASED (Type or Print)
a. (First): Virgie
b. (Middle): Lee
c. (Last): Hunt

4. DATE OF DEATH (Month) (Day) (Year): 1 26 1956

5. SEX: Female
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): ✓
8. DATE OF BIRTH: July 26 1922
9. AGE (In years last birthday): 33
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): Gentown, Miss.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: J.W. Johnson
13b. MOTHER'S MAIDEN NAME: Florence Agnew
14. NAME OF HUSBAND OR WIFE: Andrew B. 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.: None
17. INFORMANT'S SIGNATURE OR NAME: Andrew Lee Hunt
ADDRESS: Bradley Mo

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hemorrhage uterus — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Epidermoid carcinoma — 4 yr.
DUE TO (c): of cervix

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 12-8, 1952, to 1-26, 1956, that I last saw the deceased alive on 1-18, 1956 and that death occurred at 10 P. m., from the causes and on the date stated above.

23a. SIGNATURE: F. F. Price (Degree or title) D.O.
23b. ADDRESS: Poplar Bluff, Mo.
23c. DATE SIGNED: 1-27-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-1-1956
24c. NAME OF CEMETERY OR CREMATORY: Morocco
24d. LOCATION (City, town, county) (State): Butler Mo.

DATE REC'D BY LOCAL REG.: 2/5/56
REGISTRAR'S SIGNATURE: R. H. Munchee
FUNERAL DIRECTOR'S SIGNATURE: Leff Sobch
ADDRESS: Poplar Bluff. Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
FEB 20 1958
BUTLER CO. HEALTH CENTER

FILE No._____

JAN 29 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address Fairfield Mo

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