

FILED APR 2 - 1956

XC-Unknown

Reg. 15029 SL-9276

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10908

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2725

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY GREENE			
b. CITY OR TOWN 915 N. Grand, St. Louis, Mo. 2 days		c. LENGTH OF STAY (in this place) 2 days	c. CITY OR TOWN HILLVIEW		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hosp.			e. STREET ADDRESS (If rural, give location) § 12 ⁰ 8			
3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) ROBERT c. (Last) HUNNICUTT			4. DATE OF DEATH (Month) (Day) (Year) 3-15-56			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 10-30-88n	9. AGE (in years last birthday) 67	IF UNDER 1 YEAR Months Days	
IF UNDER 1 YEAR Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Linn County, Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Hunnicutt		13b. MOTHER'S MAIDEN NAME Sophia Thompson		14. NAME OF HUSBAND OR WIFE Goldie		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW-I		16. SOCIAL SECURITY NO. 320-3298 23	17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA Hosp. Record, 915 N. Grand, St. Louis, Mo.			
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) Massive hemoptysis ANTECEDENT CAUSES DUE TO (b) Carcinoma of lung Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 15 mins. 1 yr.
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)		162x	
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?			
22. I hereby certify that I attended the deceased from 3-13-56, 19, to 3-15-56, 19, that I last saw the deceased on 3-15-56, and that death occurred at 3:35 pm., from the causes and on the date stated above.						
23a. SIGNATURE Carl J. Cozeman (Degree or title) M.D.			23b. ADDRESS VA Hosp, 915 N. Grand, St. Louis, Mo.		23c. DATE SIGNED 3-15-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3-16-56	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) White Hall, Ill.			
DATE REC'D BY LOCAL REG. MAR 16 1956		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.		

S.P. (Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John S. Pen*
.....

Licensed Embalmer No. *7*

P. O. Address *St. Lo*

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