

FILED JUL 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20860

BIRTH NO. _____		REG. DIST. NO. 150		PRIMARY REG. DIST. NO. 4241		Registrar's No. 107	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived if institution: residence before admission). a. STATE Mo b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) Oak Grove		c. LENGTH OF STAY (in this place) 5 yrs		c. CITY OR TOWN Oak Grove		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION City				STREET ADDRESS (If rural, give location) 7000 City 15 0			
3. NAME OF DECEASED (Type or Print) a. (First) Harvey b. (Middle) Lee c. (Last) Hunt			4. DATE OF DEATH (Month) (Day) (Year) 6-15-56				
5. SEX m	6. COLOR OR RACE wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 12-7-1869		9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Oak Grove Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Nathan Hunt		13b. MOTHER'S MAIDEN NAME Martha Corn		14. NAME OF HUSBAND OR WIFE Sarah Hunt			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sarah Hunt Oak Grove 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) Cardiac arrest ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis Sclerotic 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 10 min 5 yr
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4500			
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?			
22. I hereby certify that I attended the deceased from June 5, 1956, to June 15, 1956, that I last saw the deceased alive on June 14, 1956, and that death occurred at 8:00 m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) O. Lester MD				23b. ADDRESS Oak Grove Mo		23c. DATE SIGNED 6/18/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-17-1956	24c. NAME OF CEMETERY OR CREMATORY Lone Jack		24d. LOCATION (City, town, or county) (State) Lone Jack Mo		
DATE REC'D BY LOCAL REG. 6-19-1956		REGISTRAR'S SIGNATURE N. B. Langford		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Webb Funeral Home Oak Grove Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 24 1956

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..... *R B Webb*

Licensed Embalmer No. *231*

P. O. Address *Blue Springs*

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.