

FILED JUN 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21540**

BIRTH NO. _____		REG. DIST. NO. <b>291</b>		PRIMARY REG. DIST. NO. <b>4433</b>		Registrar's No. <b>43</b>		
1. PLACE OF DEATH a. COUNTY <b>Putnam</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Putnam</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Unionville</b>		c. LENGTH OF STAY (In this place) <i>Life Time</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Unionville</b>		d. STREET ADDRESS (If rural, give location) <b>0860</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print)			a. (First) <b>FRANK</b>			b. (Middle) <b>LEWIS</b>		
			c. (Last) <b>HUNTER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE - 6 - 1956</b>		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>JUNE - 23 - 1886</b>		
9. AGE (In years last birthday) <b>73</b>		If UNDER 1 YEAR Months <b>11</b> Days <b>13</b>		If UNDER 1 YEAR Hours <b></b> Mins. <b></b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Putnam County, Missouri</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARM OWNER</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>FARM</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>		
13a. FATHER'S NAME <b>William Hunter</b>			13b. MOTHER'S MAIDEN NAME <b>Sarah Wolf</b>			14. NAME OF HUSBAND OR WIFE <b>Ida M. Hunter</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>499-40-5920</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS Ida M. Hunter Unionville, Missouri</b>				
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) <b>ruptured Aortic Aneurysm 2 weeks</b> ANTECEDENT CAUSES <b>Arteriosclerosis</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis past 10 years</b> DUE TO (c) <b>arteriosclerosis hypertension</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>022x</b>					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) (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 <b>May 2, 1956</b> to <b>June 6, 1956</b> , that I last saw the deceased alive on <b>June 6, 1956</b> , and that death occurred at <b>10 p.m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>Chas. L. Judd</b>			23b. ADDRESS <b>Unionville Mo</b>		23c. DATE SIGNED <b>6/7/56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JUNE 10, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>West Liberty Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Putnam County, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>6-23-56</b>		REGISTRAR'S SIGNATURE <b>Marcell Durbin</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Comstock Funeral Home</b>		ADDRESS <b>Unionville, Mo.</b>		

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

660

**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 James W. Comstock

Licensed Embalmer No. 4197

P. O. Address Unionville, Mo.

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.