

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26075**  
Registrar's No. **860**

FILED AUG 20 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

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

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY OR TOWN <b>St. Joseph</b>		c. CITY OR TOWN <b>St. Joseph</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>6 years</b>		e. STREET ADDRESS (If rural, give location) <b>707 S. 15th St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Leon Nursing Home</b> <b>624 Prospect Ave.</b>			

3. NAME OF DECEASED (Type or Print) <b>LOUSINDA ELIZABETH HUNT</b>	a. (First) <b>LOUSINDA</b>	b. (Middle) <b>ELIZABETH</b>	c. (Last) <b>HUNT</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>August 3, 1956</b>
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5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>October 26, 1879</b>	9. AGE (In years last birthday) Months Days <b>76</b>	IF UNDER 1 YEAR Hours Min.	IF UNDER 18 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Princeton, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Thomas Black</b>	13b. MOTHER'S MAIDEN NAME <b>Harriet Dill</b>	14. NAME OF HUSBAND OR WIFE <b>E. B. Hunt</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>499-36-5974</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. V.A. Webber</b>	ADDRESS <b>707 S. 15th, St. Joseph, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebrovascular accident</b>		<b>6 mo</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Diabetes mellitus</b> DUE TO (c)		<b>2 yrs</b>
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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 **Oct 5, 1955** to **3 Aug, 1956** that I last saw the deceased alive on **3 Aug, 1956** and that death occurred at **12:05 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>G. T. Cayfenter M.D.</b>	(Degree or title) <b>MD</b>	23b. ADDRESS <b>St Joseph Mo</b>	23c. DATE SIGNED <b>3 Aug 56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8/5/1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Log Church Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Plattsburg, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Aug. 13, 1956</b>	REGISTRAR'S SIGNATURE <b>Boathen M Allison</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Newton Bowman</b>	ADDRESS <b>St Joseph Mo</b>
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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.....  
*James H. Hawkins*

Licensed Embalmer No. 4532

P. O. Address 319 to 10th St Q

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.