

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26954

State File No. ....

FILED AUG 27 1956

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>5255</u>			
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City,</b>		c. LENGTH OF STAY (in this place) <b>50 yrs.</b>		c. CITY OR TOWN <b>Kansas City,</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Lukes Hospital</b>				STREET ADDRESS (If rural, give location) <b>44321 Holly, Medora, Ill. 31 8 0</b>					
3. NAME OF DECEASED (Type or Print) <b>ROBERT</b>		a. (First)		b. (Middle) <b>T.</b>		c. (Last) <b>HUNTER</b>			
4. DATE OF DEATH <b>July 27, 1956</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>			
8. DATE OF BIRTH <b>May 25, 1880</b>		9. AGE (in years last birthday) <b>76</b>		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) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Clerk-U.S. Post Office</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Medora, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>			
13a. FATHER'S NAME <b>Washington B. Hunter</b>			13b. MOTHER'S MAIDEN NAME <b>Maria V. Chilton</b>			14. NAME OF HUSBAND OR WIFE <b>—</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>488-38-5205</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. M. K. Neubert</b>		ADDRESS <b>4321 Holly Street</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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of pancreas &amp; metastasis</b>				ANTECEDENT CAUSES				9 months	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____				DUE TO (c) _____				157X	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Abd aneurysm -</b>								6 month	
19a. DATE OF OPERATION <b>16 July 1956</b>		19b. MAJOR FINDINGS OF OPERATION <b>Generalized Abd metastasis</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 <u>3 July</u> , 19 <u>56</u> , to <u>27 July</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>26 July</u> , 19 <u>56</u> , and that death occurred at <u>5:25 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Blaine Z. Hibbard</b> (Degree or title)				23b. ADDRESS <b>411 Nichols Rd. KCMO</b>		23c. DATE SIGNED <b>27 July 56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 30, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>7-27-56</b>		REGISTRAR'S SIGNATURE <b>Neve Minchall</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Freeman Mortuary &amp; Chapel, Kansas City, Mo.</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

