

S. No. 300
V. 10-46

FILED AUG 22 1956

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1858

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1858

1. PLACE OF DEATH a. COUNTY St. Louis County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. CITY OR TOWN St. Louis	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 St. Louis County Hospital		e. STREET ADDRESS (If rural, give location) 4276 E. Maffitt	

3. NAME OF DECEASED a. (First) Albert b. (Middle) _____ c. (Last) Hunt			4. DATE OF DEATH (Month) (Day) (Year) 8/1/56		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) Married	8. DATE OF BIRTH May 3, 1930	9. AGE (In years last birthday) 26	IF UNDER 1 YEAR Months 2 Days 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Landscaper		10b. KIND OF BUSINESS OR INDUSTRY Nursery	11. BIRTHPLACE (City and State or Foreign Country) Nelton, Mississippi		12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Hasey Hunt	13b. MOTHER'S MAIDEN NAME Mattie Adams	14. NAME OF HUSBAND OR WIFE Sallie B. Hunt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. (Unkn)	17. INFORMANT'S SIGNATURE OR NAME S. Roy Hunt ADDRESS 4276 E. Maffitt

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) Asphyxia secondary to drowning		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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"/>
------------------------------	--	--

21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) pond	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rural St. Louis Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug. 1, 1956 3:36 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Drowned in private pond - on outing - while trying to rescue 4 men when their boat overturned

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Arnold J. Gullman (Degree or title) Coroner	23b. ADDRESS Clayton, Mo.	23c. DATE SIGNED 8-6-56
--	----------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Aug. 4, 1956	24c. NAME OF CEMETERY OR CREMATORY Okaiona, Mississippi	24d. LOCATION (City, town, or county) (State) Okaiona, Miss.
--	-------------------------------	--	---

DATE REC'D BY LOCAL REG. 8/3/56	REGISTRAR'S SIGNATURE Herbert R. Rombe	25. FUNERAL DIRECTOR'S SIGNATURE M. B. Rome ADDRESS 1221 N. Grand
--	---	---

(Licensed Embalmer - Signature on Reverse Side)

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

EXHIBIT

STATE OF MISSISSIPPI

DEPARTMENT OF HEALTH

OFFICE OF THE STATE EMBALMER

STATE OF MISSISSIPPI

NAME

AGE

SEX

SS

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: *W. H. Blackburn*

Licensed Embalmer No. 2962

P. O. Address 1221 N. 2nd

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.