Health, Welfare Public Service

300 1-56

2

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED OCT 2 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30012
STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 253

1. PLACE OF DEATH
a. COUNTY: CALLAWAY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: FULTON — Inside Limits: Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): STATE HOSPITAL # 1 — Length of stay in 1b: 8 YEARS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI — b. COUNTY: Andrew
c. CITY OR TOWN: VANDALIA 004 — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 310 W. PARK ST. — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: EDWARD — Middle: LEE — Last: HUNT

4. DATE OF DEATH: Month: SEPT. — Day: 17 — Year: 1956

5. SEX: MALE C

6. COLOR OR RACE: WHITE

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ 2

8. DATE OF BIRTH: 8-26-1863

9. AGE (In years last birthday): 93 — IF UNDER 1 YEAR: Months 1, Days 22 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: FARMER

11. BIRTHPLACE (City and state or country): RALLS COUNTY MISSOURI C

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: JAMES HUNT

14. MOTHER'S MAIDEN NAME: SARAH ALEXANDER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): UNKNOWN

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: STATE HOSPITAL # 1, FULTON, MISSOURI

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): ARTERIOSCLEROTIC HEART DISEASE

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): PHYCHOSIS 4200

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour a. m. p. m. — Month, Day, Year

20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. ~~I~~ STATE HOSPITAL # 1 attended the deceased from 2-12-48, to 9-17-56 ~~and last saw him~~

Death occurred at 5:50 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Frank J. Nichols — FRANK J. NICHOLS, M. D.

22b. ADDRESS: STATE HOSPITAL # 1, FULTON, MO.

22c. DATE SIGNED: 9-17-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Sep 19, 1956

23c. NAME OF CEMETERY OR CREMATORY: Olivet Cemetery

23d. LOCATION (City, town, or county) (State): Center, Missouri

24. FUNERAL DIRECTOR: William B Waters — ADDRESS: Vandalia, Mo.

25. DATE RECD. BY LOCAL REG.: Sept. 29. 1956

26. REGISTRAR'S SIGNATURE: Maretta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

426

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William B Wate

Licensed Embalmer No. 41

P. O. Address Vanda

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.