

FILED JAN 8 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1129**

BIRTH NO. _____ REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 5527 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <u>Hickory</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>	
b. CITY OR TOWN <u>RURAL - Tyler Township</u>	c. LENGTH OF STAY (in this place) <u>001</u>	c. CITY OR TOWN <u>Rural-Tyler Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 miles west of Elkton</u>		d. STREET ADDRESS (If rural, give location) <u>2 miles west of Elkton</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Blw Ferd</u> b. (Middle) _____ c. (Last) <u>HUNT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 2 - 1957</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 25 - 1866</u>	9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>7</u>	IF UNDER 1 MIN. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Self Employed</u>	11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>William Hunt</u>	13b. MOTHER'S MAIDEN NAME _____	14. NAME OF HUSBAND OR WIFE <u>Mahoney Evalena Hunt</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Omer Hunt - Wheatland, Mo</u>	ADDRESS _____
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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) <u>Found Dead in his home</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Probably Coronary Thrombosis</u> 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? <u>2</u> 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) _____	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 _____, 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 (Degree or title) <u>May Johnson Local Registrar Hermitage Mo.</u>	23b. ADDRESS _____	23c. DATE SIGNED <u>1-5-57</u>
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24a. BURIAL (CREMATION) REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 6 - 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dwight Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>Weaubleau, Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-5-57</u>	REGISTRAR'S SIGNATURE <u>May Johnson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gilbert Hathaway - Wheatland, Mo</u>	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

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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
Student Embalmer

Signed *Chas Gilbert Hathaway*.....

Licensed Embalmer No.....

P. O. Address.....

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.