THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 1 1957

'57 021951
STATE FILE NUMBER

Registration District No. 238 Primary Registration District No. 5821 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY New Madrid b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Big Prairie ~~Matthews~~, Inside Limits Yes ☐ No ☒ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Length of stay in 1b 20 yr	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid c. CITY OR TOWN Matthews, Inside Limits Yes ☐ No ☒ d. STREET ADDRESS (If outside, give location) R. F. D. Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Horace	Middle:	Last: Hunt	4. DATE OF DEATH Month: June Day: 19 Year: 1957	
5. SEX: Male	6. COLOR OR RACE: Colored	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Nov, 11, 1906	9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months 7, Days 8 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm	10b. KIND OF BUSINESS OR INDUSTRY: Labor	11. BIRTHPLACE (City and state or country): Natches, Miss.,	12. CITIZEN OF WHAT COUNTRY? U,S,A	
13. FATHER'S NAME: Sam Hunt		14. MOTHER'S MAIDEN NAME: Sharlett Lampkins		
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.: 499,20,8978	17. INFORMANT: Ozella Hunt	Address: Matthews, Mo,

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE-(a) No medical attendant, by all

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) records, death was due to Natural Causes

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART-1(a) 7954

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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 attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE. Fay Hedgpeth (Degree or title) Local Registrar		22b. ADDRESS New Madrid, Mo	22c. DATE SIGNED 20 June 57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-23-57	23c. NAME OF CEMETERY OR CREMATORY Smith West End Court	23d. LOCATION (City, town, or county) (State) West Q Sikeston, Mo.
24. FUNERAL DIRECTOR Fred J. Smith	ADDRESS 1212 Maud St. Sikeston Mo	25. DATE RECD. BY LOCAL REG. 20 June 57	26. REGISTRAR'S SIGNATURE Fay Hedgpeth

(Attached Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

JUN 24 1957

DATE RECEIVED JUN 24 1957
NEW MADRID CO. HEALTH CENTER

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Fred J. Smith

Licensed Embalmer No. 44

P. O. Address Sikeston

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