

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24374

STATE FILE NUMBER

FILED JUL 22 1957

Registration District No. 144 Primary Registration District No. 4233 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Arcadia</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Arcadia</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>30 yrs</u>		d. STREET ADDRESS (If outside, give location) <u>2410</u> Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>GILES</u> Middle <u>KINZER</u> Last <u>HUNT</u>			4. DATE OF DEATH Month <u>July</u> Day <u>12</u> Year <u>1957</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Mar 10 1899</u>
9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>postmaster U. S.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Postal Dept.</u>	11. BIRTHPLACE (City and state or country) <u>Doe Run Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>John G. Hunt</u>	
14. MOTHER'S MAIDEN NAME <u>Cora Kinzer</u>		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.		17. INFORMANT Address <u>Mrs. Gladys Hunt, Arcadia Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>MYOCARDIAL INFARCTION</u>			INTERVAL BETWEEN ONSET AND DEATH <u>MINUTES</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>ARTERIOSCLEROTIC HEART DISEASE</u>			YEARS.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>4200</u>			19. WAS AUTOPSY PERFORMED? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <u>JULY 6 1957</u> to <u>JULY 12 1957</u> and last saw her alive on <u>JULY 10 1957</u> Death occurred at <u>1.00 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Marvin C. Menne, M.D.</u>		22b. ADDRESS <u>Ironton, Mo.</u>	22c. DATE SIGNED <u>7-15-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>7-15-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Arcadia Valley Memorial Park</u>	23d. LOCATION (City, town, or county) (State) <u>Ironton Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>White Funeral Home, Ironton Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7-17-57</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Aris Jones</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

Amel White

(Licensed Embalmer's Statement on Reverse Side)

JUL 23 1957
JUL 25 1957

AUG 14 1957

APR 18 1958

SEP 20 1957

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 *Russell White*.....

Licensed Embalmer No. *301*

P. O. Address *Quinton*

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.