

Health,  
Welfare  
Public  
Service

FILED JUL 16 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER  
25193

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Lebanon</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Lebanon</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>541 W Second</u>		Length of stay in lb <u>-</u>	d. STREET ADDRESS (If outside, give location) <u>331 Frank St.</u>
3. NAME OF DECEASED (Type or print) First <u>Marion Wesley</u> Middle <u>Hunt</u> Last <u>Hunt</u>			4. DATE OF DEATH Month <u>June</u> Day <u>18</u> Year <u>1957</u>
5. SEX <u>M</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>Aug 2, 1881</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (If years: If UNDER 1 YEAR: If UNDER 24 HRS. last birthday) Months Days Hours Min. <u>75</u>
11. BIRTH PLACE (City and state or country) <u>Nashville Tenn. U. S. A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>John Hunt</u>		13b. MOTHER'S MAIDEN NAME <u>Augusta Worthy</u>	14. NAME OF HUSBAND OR WIFE <u>Alice Worthy</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>500-12-0781</u>	17. INFORMANT <u>Warner Hunt Lebanon, 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>Acute rt heart failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<u>434.1</u>
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease/condition given in PART I (a) <u>Arteriosclerosis Generalized</u>			19. WAS AUTOPSY PERFORMED? 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>1-16-57</u> , to <u>6-18-57</u> and last saw him alive on <u>6-10-57</u> Death occurred at <u>2:35 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Karl A. Jantzen M.D.</u>		22b. ADDRESS <u>Lebanon Mo</u>	
22c. DATE SIGNED <u>July 57</u>			
23a. BURIAL, CREMATION, OR OTHER (Specify) <u>Burial</u>	23b. DATE <u>6/20/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Huggs Cemetery near Eldridge Mo.</u>	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR <u>Helman Lebanon Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>7-8-1957</u>	26. REGISTRAR'S SIGNATURE <u>Hella L. Gray</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Received 7-15-57  
Laclede County Health Unit  
File No. 104  
Date Filed 7-15-57

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 Dorsey M. Howe

Licensed Embalmer No. 4222  
P. O. Address Lebanon,

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.