

FILED OCT 1 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31376

STATE FILE NUMBER

Registration District No. 118 Primary Registration District No. 5439 Registrar's No. 29

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| 1. PLACE OF DEATH a. COUNTY Gasconade | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY Gasconade | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Canaan Twp. | | c. CITY OR TOWN Owensville | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Farm Home | | d. STREET ADDRESS (If outside, give location) Rural Route | |
| Length of stay in lb 3 1/2 yrs. | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) Hunt | | 4. DATE OF DEATH Month Sept. Day 22 Year 1957 | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Feb. 20, 1886 |
| 9. AGE (in years last birthday) 71 | | 10. FUNDING YEAR Months 71 Days 71 Hours 71 Min. 71 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming | | 10b. KIND OF BUSINESS OR INDUSTRY farming | |
| 11. BIRTHPLACE (City and state or country) Perry County, Tenn. | | 12. CITIZEN OF WHAT COUNTRY? USA | |

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|---|--|---|--|---|--|
| 13a. FATHER'S NAME Bill Dotson | | 13b. MOTHER'S MAIDEN NAME Betty Cagle | | 14. NAME OF HUSBAND OR WIFE Minnie Rivers Dotson | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT Address Mrs. Minnie Dotson Owensville, Mo. | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocardial Degeneration | | INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs. | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis | | 1 1/2 yrs. | |
| DUE TO (c) _____ | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4221 | | | |

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| 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.) 4221 | |
| 20c. TIME OF INJURY Hour 2 Month, Day, Year a.m. P. p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT <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.) Owensville, Mo. | |
| 20f. CITY, TOWN, OR LOCATION Owensville, Mo. | | COUNTY Gasconade STATE Missouri | |

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| 21. I attended the deceased from 3-8-56 to 9-21-57 and last saw him alive on 9-21-57 Death occurred at 2 P. m on the date stated above; and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE Paul H. Winter, M.D. (Degree or title) | | 22b. ADDRESS Owensville, Mo. | | 22c. DATE SIGNED 9-24-57 | |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 23b. DATE 9-25-1957 | | 23c. NAME OF CEMETERY OR CREMATORY City Cemetery | | 23d. LOCATION (City, town, or county) (State) Owensville, Mo. | |
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| 24. FUNERAL DIRECTOR Wilford H H Winter | | ADDRESS OWENSVILLE | | 25. DATE RECD. BY LOCAL REG. 9-25-1957 | | 26. REGISTRAR'S SIGNATURE Mrs. Velma Winter Reg. | |
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 Margaret H. H. Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

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.