

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 9 1957

State File No. **31942**
4411

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CLAY	
b. CITY (If outside corporate limits, write RURAL and give town or township) KANSAS CITY	c. LENGTH OF STAY (in this place) 14 Yrs	c. CITY OR TOWN KANSAS CITY, MO.	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST. MARYS HOSPITAL		10. STREET ADDRESS (If rural, give location) 5007, PARK LANE	

3. NAME OF DECEASED (Type or Print) a. (First) TRENE b. (Middle) _____ c. (Last) HUNT			4. DATE OF DEATH (Month) (Day) (Year) SEPT, 20, 1957		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL, 20, 1912	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE, SCHOOL TEACHER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) UTICA, MISSOURI.		12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME LEONARD A. WHITE	13b. MOTHER'S MAIDEN NAME ADA G. TAYLOR	14. NAME OF HUSBAND OR WIFE CLARENCE R. HUNT
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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) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME CLARENCE R. HUNT	ADDRESS 5007, Park Lane K.C. 16 MO.
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute lymphatic leukemia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Profound anemia</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input type="checkbox"/> 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1957, to Sept. 20, 1957, that I last saw the deceased alive on 9-20, 1957, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Bernard L. Mullins M.D.</u>	23b. ADDRESS <u>1806 1/2 N. W. K.C. Mo</u>	23c. DATE SIGNED <u>9-23-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9/23/57	24c. NAME OF CEMETERY OR CREMATORY WHITE CHAPEL MEMORIAL GRDS,	24d. LOCATION (City, town, or county) (State) CLAY COUNTY, MO.
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DATE REC'D BY LOCAL REG. 9-23-57	REGISTRAR'S SIGNATURE <u>neva trinchell</u>	25. FUNERAL DIRECTOR'S SIGNATURE D.W. NEWCOMERS SONS,	ADDRESS NORTH K.C. MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Bernard L. Mullins



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 *Shen H. Hise*.....

Licensed Embalmer No. 4580

P. O. Address K.C. 16. W.

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.