

FILED OCT 28 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34684**

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 364

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Knox	
b. CITY (If outside corporate limits, write RURAL and give township) Kirksville		c. CITY OR TOWN Plevna	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 3 hrs		STREET ADDRESS (If rural, give location) 520	
d. FULL NAME OF HOSPITAL OR INSTITUTION Laughlin Hospital			

3. NAME OF DECEASED a. (First) PAUL b. (Middle) DAVID c. (Last) HUNTER			4. DATE OF DEATH (Month) (Day) (Year) Oct 17, 1957		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Nov 9, 1905	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Plevna, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Darrel Hunter		13b. MOTHER'S MAIDEN NAME Alta Jeffries		14. NAME OF HUSBAND OR WIFE unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 489-20-4089		17. INFORMANT'S SIGNATURE OR NAME Mrs. Alta Hunter ADDRESS Plevna, Mo	

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) Circulatory collapse			INTERVAL BETWEEN ONSET AND DEATH 1/2 hr.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Multiple fractures of left rib cage & lung puncture & subcutaneous emphysema			4 hrs.
		DUE TO (c) Automobile accident			4 hrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Badly Fractured left knee-shock-etc.			4 hrs.

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Rt. 15 - 9 mi. East		21c. (CITY, TOWN, OR TOWNSHIP) Edina (COUNTY) Knox (STATE) Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10 17 57 10A.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Automobile accident	

22. I hereby certify that I attended the deceased from **Oct. 17, 1957**, to **Oct. 17, 1957**, that I last saw the deceased alive on **Oct. 17, 1957**, and that death occurred at **2:15 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Jack Hunter D.D. (Degree or title)		23b. ADDRESS Kirksville, Mo.		23c. DATE SIGNED 10-17-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 19 Oct '57		24c. NAME OF CEMETERY OR CREMATORY Locust Hill Cemetery	
				24d. LOCATION (City, town, or county) (State) Knox County, Mo.	

DATE REC'D BY LOCAL REG. 10-21-1957		REGISTRAR'S SIGNATURE Doris W. Rathoff		25. FUNERAL DIRECTOR'S SIGNATURE D. G. G. Imu ADDRESS Edina, Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 A. H. Rimm, Student Embalmer No. 541 working under my personal supervision.

Student A. H. Rimm
Signature of Student Embalmer

Signed Mrs. J. W. Hudson
Licensed Embalmer No. 297

P. O. Address Edina

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.