

pt. Health,
, & Welfare
S. Public
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Y. S. 300
ev. 1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Marcella M. Krahembuhl

FILED DEC 5 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40395
STATE FILE NUMBER
5458

Registration District No. 149 Primary Registration District 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 Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST MARY'S HOSPITAL		Length of stay in lb 40 years	d. STREET ADDRESS 4200 Rayburn Road
3. NAME OF DECEASED (Type or print) First Middle Last HENRY RAY HUNT			4. DATE OF DEATH Month Day Year Nov. -17- 1957
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH MAY 17, 1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired welder		10b. KIND OF BUSINESS OR INDUSTRY Sheffield Steel	11. BIRTHPLACE (City and state or country) Mountain View, Missouri
13a. FATHER'S NAME C.C. HUNT		13b. MOTHER'S MAIDEN NAME IDA JONES	
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. 488-22-1218	17. INFORMANT Mrs. Ida C. Hunt - Miami, Oklahoma
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema Coronary Heart Disease Essential Hypertension Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Essential Hypertension DUE TO (c) Bronchopneumonia			INTERVAL BETWEEN ONSET AND DEATH 12 hrs 6 mo 6 mo 4 days
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.) 4201	
20c. TIME OF INJURY . Hour Month, Day, Year a.m. 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.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from July, 1957 to Nov 16, 1957 and last saw him alive on Nov. 16, 1957 Death occurred at 6:15 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Marcella M. Krahembuhl MD		(Degree or title) D	22b. ADDRESS 4140 W 71st Prairie Village
22c. DATE SIGNED 11-18-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 19, 1957	23c. NAME OF CEMETERY OR CREMATORY Fairview Cem.	23d. LOCATION (City, town, or county) (State) Liberty, Missouri
24. FUNERAL DIRECTOR D.W. Newcomer's Sons		ADDRESS 1331 Brush Creek K.C., Mo.	25. DATE RECD. BY LOCAL REG. 11-19-57
		26. REGISTRAR'S SIGNATURE Reva Marshall	

(Licensed Embalmer's Statement on Reverse Side)

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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 *Albert H. Savage*

Licensed Embalmer No. *4812*

P. O. Address *Kansas City*

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.