

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020994

STATE FILE NUMBER

FILED JUL 7 1958

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 692

300
1-57

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph <i>0117</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2106 So. 10th		Length of stay in lb 60 Yrs	d. STREET ADDRESS (If outside, give location) 2106 So. 10th Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last MADISON H. HUNT			4. DATE OF DEATH Month Day Year June 28, 1958
5. SEX Male <i>0</i>	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 March 26, 1888
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Machinist	11. BIRTHPLACE (City and state or country) Weston, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Machinist		10b. KIND OF BUSINESS OR INDUSTRY Railroad	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William Frank Hunt		13b. MOTHER'S MAIDEN NAME Diza Pierce	14. NAME OF HUSBAND OR WIFE Olive L. Hunt
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. 707-05-7917	17. INFORMANT Mrs M.H. Hunt Address 2106 So. 10th City
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>Coronary Infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Coronary Disease & Previous Dysentery</u> DUE TO (c) <u>4201</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c)			INTERVAL BETWEEN ONSET AND DEATH <u>6 months & 10 days</u>
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 Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>May-18-57</u> to <u>June-28-58</u> and last saw ^{him} alive on <u>June-31-58</u> Death occurred at <u>11:25 A</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>T.L. Howden M.D.</i>		22b. ADDRESS <i>419 Kirkpatrick St</i>	22c. DATE SIGNED <i>June-28-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>July 1, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>St. Joseph Missouri</i>
24. FUNERAL DIRECTOR <i>Herman W. Sidenfeld</i>		25. DATE RECD. BY LOCAL REG. <i>June 30, 1958</i>	26. REGISTRAR'S SIGNATURE <i>Mrs. Clark Goodell</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

Dr. Howden

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 *Robert H. Gage*

Licensed Embalmer No. 3308
P. O. Address St. Joseph, Mo.

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 QWN handwriting.
If this body is not embalmed, fact should be so stated above.