

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021931
STATE FILE NUMBER

FILED JUL 14 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3088

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE OKLAHOMA b. COUNTY LAWTON	
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 FREDERICK 835 ⁰ 8
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA General Hospt.		Length of stay in 1b No 2 DOA	d. STREET ADDRESS (If outside, give location) 113 - 3rd Street
3. NAME OF DECEASED (Type or print) First MIDDLE Last ROBERT HUNTER			4. DATE OF DEATH Month Day Year June 20, 1958
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH November 19, 1937
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Airman 3rd Class		10b. KIND OF BUSINESS OR INDUSTRY Air Force	9. AGE (In years last birthday) 20 yrs.
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Ruby Stevenson	14. NAME OF HUSBAND OR WIFE Betty J. Hunter
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes 1956-58		16. SOCIAL SECURITY NO. 1143-34-8971	17. INFORMANT Address William M. Tooke, Sr. Richard-Gebaur Base
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hemothorax - Hemopericardium DUE TO (c) Stab Wound of Chest Penetrating the Heart			E 9 ³⁰ P
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease conditions given in PART I (a))			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) dont know	
20c. TIME OF INJURY Hour Month, Day, Year 5:40 a.m. 6/20/1958		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 917 McFee, Bus. Sta.		20f. CITY, TOWN, OR LOCATION COUNTY STATE Kansas City, Jackson, MO.	
21. I attended the deceased from _____ to _____ and last saw him/her alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Deputy Coroner		22b. ADDRESS 1618 Lydia Ave.	22c. DATE SIGNED 6/20/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-21-58	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, of county) (State) Waurika, Oklahoma
24. FUNERAL DIRECTOR Watkins Bros. Funeral Home 18th & Benton		25. DATE RECD. BY LOCAL REG. 6-21-58	26. REGISTRAR'S SIGNATURE Neva Minshall

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

L.M. Tillman

All diseases in Part I must be causally related.

JUL 14 1958



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 Bruce R. Watkins

Licensed Embalmer No. 4500
P. O. Address 18th & Bent

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.