

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006801

STATE FILE NUMBER

FILED FEB 24 1959 Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before a. STATE Mo b. COUNTY St. Francois	
b. CITY OR TOWN Bonne Terre	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Bonne Terre 0941	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		Length of stay in 1b 1 year	d. STREET ADDRESS (If outside, give location) 110 SW Main
3. NAME OF DECEASED (Type or print) First Middle Last JAMES TURNER HUNT			4. DATE OF DEATH Month Day Year Feb 15 1959
5. SEX Male 0	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 Aug 20 1897
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months 5 Days 25	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and state or country) Harris, Kansas 1
12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME Nick T Hunt	
13b. MOTHER'S MAIDEN NAME Sudy Mobley		14. NAME OF HUSBAND OR WIFE Alice (Bockover) Hunt	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, state year or dates of service) Yes WWI		16. SOCIAL SECURITY NO. 509 05 0353	17. INFORMANT Address Mrs Alice Hunt Bonne Terre, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Apparently Heart Attack DUE TO (b) (Walked upstairs to his apartment and fell over in the living room in presence of his wife, and was found to be dead.) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4344			INTERVAL BETWEEN ONSET AND DEATH Instantaneous
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.) Investigated by Coroner and Inquest deemed not necessary.	
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.) Unattended by Physician		20f. CITY, TOWN, OR LOCATION COUNTY STATE 	
21. I attended the deceased from _____ to _____ at last saw her/him alive on _____ Death occurred at 4:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ether Rudloff Local Registrar		22b. ADDRESS Realty Bldg., Farmington, Mo.	22c. DATE SIGNED 2-16-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb 18 '59	23c. NAME OF CEMETERY OR CREMATORY Protestant Cemetery
23d. LOCATION (City, town, or county) Osage City, Kansas		(State)	
24. FUNERAL DIRECTOR Boyer & Son Bonne Terre, Mo.		25. DATE RECD. BY LOCAL REG. Feb. 16, 1959	26. REGISTRAR'S SIGNATURE Ether Rudloff

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAR 28 1959

MAR 5 1959

MS FEB 26 1960

MAR 16 1959

MAR 3

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 *B. T. Boyer*
B. T. Boyer

Licensed Embalmer No. 3660

P. O. Address Desloge, 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 OWN handwriting.
If this body is not embalmed, fact should be so stated above.