Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008134

STATE FILE NUMBER

FILED MAR 4 1959 Registration District No. 347 Primary Registration District No. 4508 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY Stone
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Galena Mo — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Stone
c. CITY OR TOWN Galena 1040 c — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Benton Middle L Last Hunt

4. DATE OF DEATH Month Feb Day 16 Year 1959

5. SEX m c

6. COLOR OR RACE wh

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ 3 DIVORCED ☒

8. DATE OF BIRTH Jan 1-1914

9. AGE (In years last birthday) 45 — IF UNDER 1 YEAR Months 1 Days 15 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Store Clerk

10b. KIND OF BUSINESS OR INDUSTRY Grocery

11. BIRTHPLACE (City and state or country) Ozark Co. c

12. CITIZEN OF WHAT COUNTRY? U. S

13a. FATHER'S NAME Samuel Hunt

13b. MOTHER'S MAIDEN NAME Esta Bushong

14. NAME OF HUSBAND OR WIFE Divorced

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War 2

16. SOCIAL SECURITY NO. 500-36-5961

17. INFORMANT Bradford Hunt Address Galena Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Gun Shot In Head — INTERVAL BETWEEN ONSET AND DEATH Mint
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Self Inflicted
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 976K

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Self inflicted

20c. TIME OF INJURY 11.45 Hour a.m. p.m. Month, Day, Year 2 16 59

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home

20f. CITY, TOWN, OR LOCATION Galena COUNTY Stone STATE Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 12 noon m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Mrs J Elmer Brosseau (Degree or title) Nyaung Ewe Gine C

22b. ADDRESS Galena Mo

22c. DATE SIGNED 18 Feb 1959

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Feb 18-1959

23c. NAME OF CEMETERY OR CREMATORY Galena Cemetery

23d. LOCATION (City, town, or county) (State) Galena Mo.

24. FUNERAL DIRECTOR Everett J Cheatham ADDRESS Galena Mo

25. DATE RECD. LOCAL REG. Feb. 27-59

26. REGISTRAR'S SIGNATURE Mrs. J. Elmer Brosseau per Lena Murray

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

J. H. Yaung M.D.

MAR 6 19

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 Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Helena 9

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.