

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009876  
STATE FILE NUMBER

FILED APR 1 1959 1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		Registration District No. <b>156</b> Primary Registration District No. <b>2001</b> Registrar's No. <b>156</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Joplin</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Carthage</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Joplin General Hosp.</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>601 E. 7th. St.</b>
3. NAME OF DECEASED (Type or print) First <b>Howard</b> Middle <b>Lee</b> Last <b>Hunt</b>			4. DATE OF DEATH Month <b>March</b> Day <b>20</b> Year <b>1959</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>March 19, 1959</b>
9. AGE (In years last birthday) <b>0</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>13</b>	IF UNDER 24 HRS. Hours <b>2</b> Min. <b>13</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Child</b>
100. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Joplin, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13. FATHER'S NAME <b>Howard Hunt</b>		14. MOTHER'S MAIDEN NAME <b>Janice Reynolds</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Howard Hunt, Carthage, Mo.</b> Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Prematurity</b> DUE TO (b) <b>Miscarriage</b> DUE TO (c) <b>Abrupt Placenta</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
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.) <b>7615</b>		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	20d. INJURY OCCURRED WHILE AT WORK <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 <b>3/20/59 12:40 AM</b> to <b>March 20-59</b> and last saw <sup>been</sup> him alive on <b>3-20-59</b> Death occurred at <b>215 PM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>J. Nordstrom</b>	22b. ADDRESS <b>Sarsfield, Mo</b>	22c. DATE SIGNED <b>3-21-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3-22-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Black Fox Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Newton, Co., Missouri</b>
24. FUNERAL DIRECTOR <b>Ulmer Funeral Home, Carthage, Mo.</b> ADDRESS	25. DATE RECD. BY LOCAL REG. <b>3-24-1959</b>	26. REGISTRAR'S SIGNATURE <b>Dorrie Merriam</b>	

health, Welfare public service  
 300 1-56  
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 .....

Licensed Embalmer No. 49

P. O. Address 

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If  
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.