

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-010424  
STATE FILE NUMBER

ED MAR 17 1959 Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 39

300  
1-57

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla <input checked="" type="checkbox"/> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Rolla <sup>0812</sup> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital Length of stay in lb 3 Hrs		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 505 West 2nd	
3. NAME OF DECEASED (Type or print) First Middle Last JAMES ALLEN HUNT			4. DATE OF DEATH Mar. 1, 1959 Month Day Year
5. SEX Male <sup>0</sup>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 1, 1959
9. AGE (In years last birthday) 0		10. UNDER 1 YEAR Months	11. UNDER 24 HRS. Days Hours Min. 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY XX	11. BIRTHPLACE (City and state or country) Rolla, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Charles Hunt, Jr.,	
13b. MOTHER'S MAIDEN NAME Janice A. Wooten		14. NAME OF HUSBAND OR WIFE XX	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) XX XX		16. SOCIAL SECURITY NO. XX	
17. INFORMANT Charles Hunt, Jr.,		Address 505 W. 2nd.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary atelectasis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Prematurity - Only 6 months 1/2 DUE TO (c) Pregnancy Weighed only 1 lb 8 oz - PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 7625			INTERVAL BETWEEN ONSET AND DEATH 2 hours
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. 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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 3:30 PM Mar 1, 59, to 6:00 PM Mar 1, 59 and last saw her alive on 6:00 PM Death occurred at 6:00 PM 6:00 PM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Name or title) Richard E. Myers MD		22b. ADDRESS Newburg, Mo	
22c. DATE SIGNED 3/3/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/2/59	23c. NAME OF CEMETERY OR CREMATORY Beaver Cemetery	23d. LOCATION (City, town, or county) (State) Near; Rolla, Mo.,
24. FUNERAL DIRECTOR ADDRESS Null Sons Funeral Home, Rolla		25. DATE RECD. BY LOCAL REG. Mar. 10, 1959	26. REGISTRAR'S SIGNATURE Nadine L. Stoll

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 ..... *Paul E. Hull*

Licensed Embalmer No. .... *4498*

P. O. Address ..... *Rolla, 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.