

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018635

STATE FILE NUMBER

FILED JUN 15 1959

Registration District No.

274

Primary Registration District No.

3052

Registrar's No.

204

300
1-57

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia Route 4		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Sedalia Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell hospital		Length of stay in lb lifetime	d. STREET ADDRESS (If outside, give location) Route 4 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First OLIVER Middle Last HUNTER			4. DATE OF DEATH Month June Day 10 Year 1959			
5. SEX Male	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 April 27, 1892	9. AGE (In years last birthday) 67		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Gen. Agriculture	11. BIRTHPLACE (City and state or country) Pettis County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Joseph Hunter		13b. MOTHER'S MAIDEN NAME Lillie Bohon	14. NAME OF HUSBAND OR WIFE Georgia M. Anderson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 500-10-5594	17. INFORMANT Address Mrs. Georgia Hunter, Rt. 4, Sedalia, 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) Cerebrovascular Accident.		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a)) Myocardial Infarction		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 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 Sedalia, Mo.	COUNTY Pettis	STATE
21. I attended the deceased from 6 June 1959 to 10 June 1959 and last saw him alive on 10 June 1959 Death occurred at 9:55 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE Donald C. Benton M.D. (Name or title)		22b. ADDRESS 700 South First Sedalia, Mo.		22c. DATE SIGNED 12 June 1959

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/13/59	23c. NAME OF CEMETERY OR CREMATORY McGee Chapel Cemetery	23d. LOCATION (City, town, or county) (State) Rural Pettis County, Mo.
--	-----------------------------	--	--

24. FUNERAL DIRECTOR Wm. Ewing	ADDRESS Sedalia, Mo.	25. DATE RECD. BY LOCAL REG. 6-13-1959	26. REGISTRAR'S SIGNATURE Frances Shelby
--	--------------------------------	--	--

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 *R. E. Baker*

Licensed Embalmer No. *2919*

P. O. Address *Kodakia*

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.