URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 26 1959

59-035845
STATE FILE NUMBER

ENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1097

DOCUMENT

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Length of stay in 1b: 36 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 423 W. Ildereen — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Springfield — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 423 W. Ildereen — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First JOHN Middle JONES Last HUNTER
4. DATE OF DEATH: Month October Day 15 Year 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: Dec 27, 1892
9. AGE (last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: 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: U.S. Gen Serv Adm
11. BIRTHPLACE (City and state or country): Hartville, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Malcom Hunter
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Alcie Hunter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Address: Mrs Alcie Hunter, Springfield, 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) Carcinomatosis, generalized — INTERVAL BETWEEN ONSET AND DEATH: 3 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma of pancreas — 5 mo.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from May 59, to Oct 59 and last saw him alive on 13 Oct 59
Death occurred at 1:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Kenneth E. Smith, M.D.
22b. ADDRESS: 1630 N. Jefferson
22c. DATE SIGNED: 17 Oct 59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct. 17, 1959
23c. NAME OF CEMETERY OR CREMATORY: Hartville Cemetery
23d. LOCATION (City, town, or county) (State): Hartville, Missouri

24. FUNERAL DIRECTOR: Jewell E. Windle ADDRESS: Springfield, Mo.
25. DATE RECD. BY LOCAL REG.: 10-19-59
26. REGISTRAR'S SIGNATURE: Effie B. Melton

BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

FEB 19 1960

FEB 5

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Bernard F. Wrigh

Signature of Student Embalmer

Licensed Embalmer No. 4293

P. O. Address Springfi

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