

# FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

# 59-035985

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FEDERAL BUREAU OF INVESTIGATION

OCT 26 1959

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 352-3 Registrar's No. 261

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Henry</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u> Length of stay in lb _____ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Henry</u> c. CITY OR TOWN <u>Clinton Mo</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>RR #6</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>3. NAME OF DECEASED</b> (Type or print) First <u>Robert</u> Middle <u>Wayne</u> Last <u>Hunt</u>		<b>4. DATE OF DEATH</b> Month <u>10</u> - Day <u>17</u> - Year <u>1959</u>	
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIAGE</b> Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>5/17/1946</u>
<b>9. AGE</b> (last birthday) <u>13</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) _____
<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____	<b>11. BIRTHPLACE</b> (City and state or country) <u>Clinton Mo</u>	<b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u>	
<b>13a. FATHER'S NAME</b> <u>Charley J Hunt</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Elizabeth Hickman</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> _____		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
<b>16. SOCIAL SECURITY NO.</b> <u>None</u>		<b>17. INFORMANT</b> <u>Elizabeth Hunt</u> Address <u>Clinton Mo</u>	
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>asphyxia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Bronchial congestion</u> DUE TO (c) <u>Cystic fibrosis of lungs</u>			INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u> <u>18 mo</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cystic fibrosis of pancreas</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>20b. SUICIDE</b> <input type="checkbox"/> <b>20c. HOMICIDE</b> <input type="checkbox"/>	<b>20d. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) <u>from birth.</u>	
<b>20e. TIME OF INJURY</b> Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>20f. CITY, TOWN, OR LOCATION</b> _____	<b>20g. COUNTY</b> _____
<b>21. I attended the deceased from</b> <u>8-26-58</u> to <u>10-17-59</u> and last saw <sup>her</sup> him alive on <u>10-17-59</u> Death occurred at <u>5 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
<b>22a. SIGNATURE</b> <u>R. Powell</u> (Degree or title) <u>D.O.</u>		<b>22b. ADDRESS</b> <u>Clinton Mo</u>	<b>22c. DATE SIGNED</b> <u>10/19/59</u> (State)
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>23b. DATE</b> <u>10/21/59</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Englewood</u>	<b>23d. LOCATION</b> (City, town, or county) <u>Clinton Mo</u> (State)
<b>24. FUNERAL DIRECTOR</b> <u>Consolus Clinton Mo</u> ADDRESS _____		<b>25. DATE RECD. BY LOCAL REG.</b> <u>Oct-20-1959</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Hildegard Bigum</u>

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 J E Loiseau

Licensed Embalmer No. 1891

P. O. Address Clinton 2

**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.