

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 24 1959

59-043105

STATE FILE NUMBER

Registration District No. 354 Primary Registration District No. 4519 Registrar's No. 30

ENDED

1. PLACE OF DEATH a. COUNTY <b>Texas</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE No. <b>Mo.</b> b. COUNTY <b>Texas</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cabool</b>	Length of stay in 1b <b>20 yrs.</b>	c. CITY OR TOWN <b>Cabool</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>Richard Cuthbert Hunter</b>			4. DATE OF DEATH Month Day Year <b>11-20-1959</b>			
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-6-1867</b>	9. AGE (last birthday) <b>92</b>	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) <b>farming</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Berrien Springs, Mich.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>		
13a. FATHER'S NAME <b>William Hunter</b>		13b. MOTHER'S MAIDEN NAME <b>Hannah Cuthbert</b>		14. NAME OF HUSBAND OR WIFE <b>Nancy Hunter (ded.)</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT Address <b>Mabel Barrett, Cottonwood Falls,</b>			

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>probable coronary occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 min.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>arteriosclerosis</b>		
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 a.m. p.m. Month, Day, Year		

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 <b>Cabool, Mo.</b>	COUNTY	STATE
21. I <del>examined</del> <b>VIEWED</b> the deceased <del>on</del> <b>ON</b> <u>11-20-59</u> to _____ and last saw her <del>him</del> <b>him</b> alive on _____ Death occurred at approx. <b>5:30</b> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <b>James Rente, Coroner</b>		22b. ADDRESS <b>Cabool, Mo.</b>		22c. DATE SIGNED <b>11-21-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	23b. DATE <b>11-23, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Prairie Grove Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Cottonwood Falls, Kansas</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Elliott-Gentry, Cabool, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>11-21-59</b>	26. REGISTRAR'S SIGNATURE <b>Raynell Cunningham</b>	

(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 James L. Kentry

Licensed Embalmer No. 4718

P. O. Address Calool, 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.