

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-002181

FILED VS REGISTRATION DISTRICT NO. 155 Primary Registration District No. 3127 Registrar's No. 15

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City		Length of stay in 1b 18 Months		c. CITY OR TOWN Webb City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 601 S. Ball			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 601 S. Ball St.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Baylis Middle W. Last Hunter				4. DATE OF DEATH Month January Day 27 Year 1960							
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 1-24-93		9. AGE (last birthday) 67			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired- Government Medical Center			10b. KIND OF BUSINESS OR INDUSTRY Medical Center		11. BIRTHPLACE (City and state or country) Danville, Mo.		12. CITIZEN OF WHAT COUNTRY USA				
13a. FATHER'S NAME Alfred Hunter			13b. MOTHER'S MAIDEN NAME Minerva			14. NAME OF HUSBAND OR WIFE Mrs. Betty Hunter					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.I			16. SOCIAL SECURITY NO. 497-38-1189		17. INFORMANT Mrs. Betty Hunter				Address 601 S. Ball St. Webb City, 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) Cerebral Hemorrhage								INTERVAL BETWEEN ONSET AND DEATH 1 hr.			
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)						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 6-23-58 Month 5 Day 8 Year 59 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 Webb City, Mo.		COUNTY Jasper STATE Missouri	
21. I attended the deceased from 6-23-58 to 1-27-60 and last saw him alive on 8-2-59 . Death occurred at 4:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE G.M. Ferguson (Degree or title) M.D.				22b. ADDRESS Webb City, Mo.				22c. DATE SIGNED 1-27-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-29-60		23c. NAME OF CEMETERY OR CREMATORY Park Cemetery			23d. LOCATION (City, town, or county) (State) Carthage, Mo.				
24. FUNERAL DIRECTOR Johnston-Arnice-Simpson ADDRESS Webb City, Mo.				25. DATE RECD. BY LOCAL REG. 1-29-60		26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 26 1967

STATEMENT BY LICENSED EMBALMER

FEB

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert M. Johnson
Webb City Mo.

Licensed Embalmer No. 4304

P. O. Address Webb City

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.