

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 29 1960

=60-029319

INDEXED

Registration District No. 328 Primary Registration District No. 3073 Registrar's No. 27 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>CHAFFEE</u>	Length of stay in 1b <u>8 1/2 YRS.</u>	c. CITY OR TOWN <u>CHAFFEE</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>318 DAME ST.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>318 DAME ST.</u>

3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>CURTIS</u> Last <u>HUNT</u>			4. DATE OF DEATH Month <u>July</u> Day <u>18</u> Year <u>1960</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>MARCH 10, 1886</u>	9. AGE (last birthday) <u>74</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months <u>4</u> Days <u>8</u> Hours <u></u> Min. <u></u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER WITH SURVEY TEAM</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>LITTLE RIVER DRAINAGE DIST.</u>	11. BIRTHPLACE (City and state or country) <u>PERKINS, MO.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>GEORGE HUNT</u>	13b. MOTHER'S MAIDEN NAME <u>AMANDA PATTERSON</u>	14. NAME OF HUSBAND OR WIFE <u>RHODA Emily HUNT</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>495-14-0261</u>	17. INFORMANT Address <u>VIRGIL I. HUNT - CHAFFEE, MO.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>HEPATIC INSUFFICIENCY</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 DAYS</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>ACUTE FULMINATING VIRAL HEPATITIS</u>		<u>4 DAYS</u>
	DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>DIABETES MELLITUS</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
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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 COUNTY _____ STATE _____
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21. I attended the deceased from 7-13-60 to 7-18-60 and last saw her/him alive on 7-17-60  
Death occurred at 10:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Kenneth D. Bass DO.</u>	22b. ADDRESS <u>243 N Yoakum Chaffee Mo</u>	22c. DATE SIGNED <u>7-19-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>July 20, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>LORIMER CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>CAPE GIRARDEAU, MO.</u>
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24. FUNERAL DIRECTOR <u>BISPLINGHOFF FUNERAL HOME - CHAFFEE, MO.</u>	25. DATE RECD. BY LOCAL REG. <u>July 21 - 1960</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Fred Buehling</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 3 1960

**STATEMENT BY LICENSED EMBALMER**

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

*Jack T. Burnett*

Licensed Embalmer No. 4473

P. O. Address Chaffee, Va.

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