

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-004450

AMENDED

Registration District No. 374

Primary Registration District No. 4347

Registrar's No. 42

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY Worthb. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Grant CityLength of stay in lb
lifec. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTIONInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missourib. COUNTY Worthc. CITY
OR
TOWN Grant CityInside Limits
Yes ☒ No ☐d. STREET
ADDRESS (If outside, give location)
509 East 3Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

GeorgeRumseyHunt4. DATE
OF
DEATH

Month

Day

Year

January3, 1961

5. SEX

Male

6. COLOR OR RACE

White7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11-20-1867

9. AGE (last birthday)

91

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret. Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Own farm

11. BIRTHPLACE (City and state or country)

Worth County, Missouri

12. CITIZEN OF WHAT COUNTRY

U. S.

13a. FATHER'S NAME

Charlie M. Hunt

13b. MOTHER'S MAIDEN NAME

Anna Rumsey

14. NAME OF HUSBAND OR WIFE

Alice Hunt15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Address

Mrs. Alice Hunt - Grant City, Missouri18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

MEDULLARY FAILUREINTERVAL BETWEEN
ONSET AND DEATH
MINUTESConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

TOXEMIA12 Hours

DUE TO (c)

ACUTE SMALL BOWEL OBSTRUCTION - CASE VOMITING18 HRSPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)ARTERIO-SCLEROSIS & CEREBROVASCULAR ACCIDENT 8 WKS PRIOR TO DEATHPART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

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

Month, Day, Year

a.m.

p.m.

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 DEC, 1959 to JAN 3, 1961 and last saw him alive on JAN 3, 1961
Death occurred at 2:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

R. J. Smith, D.O.GRANT CITY MO1-3-6123a. BURIAL, CREMATION,
REMOVAL (Specify)
burial

23b. DATE

3-6-1961

23c. NAME OF CEMETERY OR CREMATORY

Kirk Cemetery

23d. LOCATION (City, town, or county)

Worth County, Missouri

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Paul D. Puffer - 2 C. Missouri Jan. 14, 1961Kita E. Dawson

(Licensed Embalmer's Statement on Reverse Side)

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. 4902
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bill A. Dunfee

Licensed Embalmer No. 4902

P. O. Address Brant 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.