

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-010336

AMENDED

Registration District No. 316 Primary Registration District No. - Registrar's No. 87

STATE FILE NUMBER

FILED MAR 29 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. FRANCOIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Twp. FARMINGTON - Rural		Length of stay in lb	c. CITY OR TOWN FARMINGTON
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD # 1		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RFD # 1
3. NAME OF DECEASED (Type or print) First Middle Last BONNIE GILES HUNT		4. DATE OF DEATH Month Day Year MAR. 21 1961	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/2/94
9. AGE (last birthday) 67		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) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) DELAUSSUS MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME GILES HUNT	
13b. MOTHER'S MAIDEN NAME ANN LAWRENCE		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR # 1		16. SOCIAL SECURITY NO.	
17. INFORMANT MISS BERTHA HUNT FARMINGTON RT. # 1		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 15 min	
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) Left Hemiplegia - 4 years		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.		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	
21. I attended the deceased from 1956 to 1961 and last saw him alive on Feb. 61		Death occurred at 4 30 A m on the day stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Oliver G. Karstaker M.D.		22b. ADDRESS Farmington, MO	
22c. DATE SIGNED 3/23/61			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 3/23/61	
23c. NAME OF CEMETERY OR CREMATORY K. of P.		23d. LOCATION (City, town, or county) (State) FARMINGTON MO.	
24. FUNERAL DIRECTOR ADDRESS C.H. COZEAN FARMINGTON MO.		25. DATE RECD. BY LOCAL REG. Mar. 23, 1961	
26. REGISTRAR'S SIGNATURE Eather Rudloff			

MAR 31 1961

APR 2 1961

APR 4 1961

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 *C. H. Cozart*

Licensed Embalmer No. 4084

P. O. Address Farrington

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.