

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025869

STATE FILE NUMBER

AMENDED

Registration District No. 178 Primary Registration District No. 5702 Registrar's No. 54

**FILED JUL 25 1961**

1. PLACE OF DEATH a. COUNTY <b>Lewis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>LEWIS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lewistown</b>		c. CITY OR TOWN <b>LEWISTOWN</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>*****</b>		d. STREET ADDRESS (If outside, give location) <b>NONE</b>	

3. NAME OF DECEASED (Type or print) First <b>FREDERICK</b> Middle <b>JAMES</b> Last <b>HUNTER</b>			4. DATE OF DEATH Month <b>JULY</b> Day <b>18</b> Year <b>1961</b>			
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3/7/13</b>	9. AGE (last birthday) <b>48</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>18</b>	IF UNDER 24 HR Hours <b>18</b> Min. <b>18</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>GENERAL</b>	11. BIRTHPLACE (City and state or country) <b>DISCO, ILLINOIS</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>JAMES N. HUNTER</b>	13b. MOTHER'S MAIDEN NAME <b>JESSIE GITTINGS</b>	14. NAME OF HUSBAND OR WIFE <b>FRANCES HUNTER</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	17. INFORMANT Address <b>FRANCES HUNTER LEWISTOWN, MO.</b>
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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>Coronary Embolism</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 minutes</b>
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	
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____
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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 \_\_\_\_\_ to \_\_\_\_\_ and last saw <sup>her</sup>him alive on \_\_\_\_\_  
Death occurred at **P.O.A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Joh... W Wells D.O.</b>	22b. ADDRESS <b>Lewistown Mo</b>	22c. DATE SIGNED <b>19 July 61</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>7/21/61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>TERRE HAUTE CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>TERRE HAUTE, ILLINOIS</b>
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24. FUNERAL DIRECTOR ADDRESS <b>Charles L. Arnold, H. LEWISTOWN, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>7-20-61</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Henry Lloyd</b>
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DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

AUG 23 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 Charles L. Arnold, Jr.

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MISSOURI

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.