MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-026311
STATE FILE NUMBER

AMENDED

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 135

FILED JUL 21 1961

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Moberly
Length of stay in 1b: 25 Years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 1515 Schueneman Ave.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Randolph
c. CITY OR TOWN: Moberly
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 401 Johnson St.
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: MERRILL Middle: LAWSON Last: HUNT
4. DATE OF DEATH: Month: JULY Day: 9 Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11-4-1899
9. AGE (last birthday): 61
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): Retired Switchman
10b. KIND OF BUSINESS OR INDUSTRY: Wabash RR Co.
11. BIRTHPLACE (City and state or country): Greenfield, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: John Richard Hunt
13b. MOTHER'S MAIDEN NAME: Adelaide Bowman
14. NAME OF HUSBAND OR WIFE: Mrs. Bessie Hunt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
17. INFORMANT: Mrs. Bessie Hunt Address: Moberly

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	~~Medulary Parylsis~~ Coronary occlussion	Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)		10 minutes
DUE TO (c)	Arteriosclerotic heart disease	Unknown

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. ☐ Yes ☐ No ☐ Unknown

19. 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 a.m. p.m. Month, Day, Year
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 1949, to July 9 1961 and last saw ~~her~~ him alive on July 8, 1961

Death occurred at 4:35 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Benj. A. Jolly M.D. (Degree or title)
22b. ADDRESS: 203½ N. Clark, Moberly, Mo.
22c. DATE SIGNED: 7-10-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-11-61
23c. NAME OF CEMETERY OR CREMATORY: Oakland
23d. LOCATION (City, town, or county) (State): Moberly Missouri

24. FUNERAL DIRECTOR: Mahan Funeral Service ADDRESS: Moberly
25. DATE RECD. BY LOCAL REG.: 7-11-61
26. REGISTRAR'S SIGNATURE: Leah H. Lowe

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED
BY AFFIDAVIT OF DOCUMENT

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 John A. Greer

Licensed Embalmer No. 3815

P. O. Address Moberly, Mo

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.