

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032511

STATE FILE NUMBER

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 933

AMENDED

FILED OCT 9 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

|  |                                  |  |  |   |  |   |   |
|--|----------------------------------|--|--|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Greene</u>   |                                  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>Greene</u> |  |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Springfield</u>  |                                  |  | Length of stay in lb<br><u>9 yrs.</u>                  |   | c. CITY OR TOWN <u>Springfield</u>   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>523 E Tampa</u>  |                                  |  |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |  | d. STREET ADDRESS (If outside, give location)<br><u>523 E Tampa St.</u> |   |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Tommy</u> Middle <u>Tom</u> Last <u>Hunt</u>   |                                  |  |  | 4. DATE OF DEATH<br>Month <u>October</u> Day <u>3</u> Year <u>1961</u>  |  |   |   |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>Negro</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Dec '4 1904</u>                 | 9. AGE (last birthday)<br><u>56</u>   | IF UNDER 1 YEAR<br>Months  | IF UNDER 24 HR<br>Days  | IF UNDER 24 HR<br>Hours   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Musician</u>   |                                  |  | 10b. KIND OF BUSINESS OR INDUSTRY                      |   | 11. BIRTHPLACE (City and state or country)<br><u>Muskogee Okla'</u>  |   | 12. CITIZEN OF WHAT COUNTRY<br><u>U S A</u>                               |
| 13a. FATHER'S NAME<br><u>Jihn Hunt</u>   |                                  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Unknown</u>            |   |  | 14. NAME OF HUSBAND OR WIFE<br><u>None</u>                              |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |                                  |  |  | 17. INFORMANT Address<br><u>Henry V Smith 826 N Franklin St.</u>  |  |   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cardio-Vascular Disease</u><br>DUE TO (b) <u>Hypertension</u><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |                                  |  |  |   |  |   | INTERVAL BETWEEN ONSET AND DEATH  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input 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<br>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   |
| 21. I attended the deceased from <u>1959</u> to <u>Oct. 3, 1961</u> and last saw him alive on <u>Oct 1, 1961</u><br>Death occurred at <u>7:15 a</u> m on the date stated above, and to the best of my knowledge, from the causes stated.   |                                  |  |  |   |  |   |   |
| 22a. SIGNATURE (Degree or title)<br><u>Lyman D. Brown MD.</u>  |                                  |  |  | 22b. ADDRESS<br><u>31 1/2 College</u>   |  |   | 22c. DATE SIGNED<br><u>10/4/61</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |                                  | 23b. DATE<br><u>Oct 6 1961</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Hazlewood</u> |   | 23d. LOCATION (City, town, or county)<br><u>Springfield Mo'</u>  |   | (State)   |
| 24. FUNERAL DIRECTOR<br><u>Herbert V Smith</u>   |                                  |  | ADDRESS<br><u>602 N Jefferson St.</u>                  |   | 25. DATE RECD. BY LOCAL REG.<br><u>10-6-61</u>   | 26. REGISTRAR'S SIGNATURE<br><u>Effie S. Melton</u>                     |   |

**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

*Herbert V Smith*

Licensed Embalmer No.

*4284*

P. O. Address

*Springfield  
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.