SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-037400
STATE FILE NUMBER

FILED OCT 16 1961

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 154

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Webb City — Length of stay in 1b: 1 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Jane Chinn — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lawrence
c. CITY OR TOWN: Mt. Vernon — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 624 E. South — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Earnest Middle: Jefferson Last: Hunter

4. DATE OF DEATH: Month 10 Day 4 Year 1961

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-15-1891
9. AGE (last birthday): 70 — IF UNDER 1 YEAR: Months 6 Days 19 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Lawrence Co. Mo
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Hamp Hunter
13b. MOTHER'S MAIDEN NAME: Margarette Coon
14. NAME OF ~~HUSBAND~~ OR WIFE: Vorie Hunter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.:
17. INFORMANT: Carl F. Hunter Address: Garlan Texas

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)	Internal Hemorrhage & Shock	6 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Ruptured Liver	24 hrs
DUE TO (c)	auto accident	24 hrs

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.) auto accident at Miller Mo

20c. TIME OF INJURY: Hour 1:30 p.m. Month, Day, Year: Oct 3 1961

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.): Highway 39
20f. CITY, TOWN, OR LOCATION: Miller COUNTY: Lawrence STATE: Missouri

21. I attended the deceased from Oct 3 1961, to Oct 4 1961 and last saw ~~her~~ him alive on Oct 4 1961
Death occurred at 3:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Harold E. George D.O.
22b. ADDRESS: Mt Vernon Mo
22c. DATE SIGNED: 10/6/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-9-1961
23c. NAME OF CEMETERY ~~OR CREMATORY~~: Pheasant Grove
23d. LOCATION (City, town, or county) (State): S of Miller Mo.

24. FUNERAL DIRECTOR: Morris – Leiman ADDRESS: Miller Mo.
25. DATE RECD. BY LOCAL REG.: 10-9-61
26. REGISTRAR'S SIGNATURE: Mrs. Madeline Switzer

(Licensed Embalmer's Statement on Reverse Side)

NOV 7 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 L. R. Leiman

Licensed Embalmer No. 3297

P. O. Address Miller 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.