MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-005781
STATE FILE NUMBER

AMENDED

Registration District No. 50 Primary Registration District No. 5179 Registrar's No. 12

FILED MAR 13 1962

1. PLACE OF DEATH
a. COUNTY: Camden
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Osage
Length of stay in 1b: life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Osage Beach
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Camden
c. CITY OR TOWN: Osage Beach
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 54 Hway
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Herbert Middle Spencer Last Hunter
4. DATE OF DEATH: Month March Day 2 Year 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Feb. 7-1886
9. AGE (last birthday): 76
IF UNDER 1 YEAR: Months 25 Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mining
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (City and state or country): Camden County Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: William Hunter
13b. MOTHER'S MAIDEN NAME: Edith Gheen
14. NAME OF HUSBAND OR WIFE: Ollie Hunter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Address: Mrs Ollie Hunter, Osage Beach Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for PART I.)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Circulatory failure — INTERVAL BETWEEN ONSET AND DEATH: 3 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Myocardial infarction — 3 hrs
DUE TO (c): Arteriosclerotic heart disease — years
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 June 1961, to death and last saw him alive on 3/2/62
Death occurred at 4:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Kenneth E. Witthum O.D.
22b. ADDRESS: Camdenton, Mo
22c. DATE SIGNED: 3/5/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: March 5, 1962
23c. NAME OF CEMETERY OR CREMATORY: Conway Cemetery
23d. LOCATION (City, town, or county) (State): Osage Beach, Mo.

24. FUNERAL DIRECTOR ADDRESS: Robert H. Reed, Camdenton Mo.
25. DATE RECD. BY LOCAL REG.: Mar. 5-1962
26. REGISTRAR'S SIGNATURE: Zilpha J. Trow.

(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

MAR 15 1962

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Camdenton 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.