

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-014865
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 645

FILED APR 30 1962

VS 300
Rev. 4/59

10397
20397

3
4 0
5 0
6
7 1
8 2
9 X
10
11/33
125-c
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in lb 3 yrs.	c. CITY OR TOWN Springfield Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2601 College Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED First Middle Last EARNEST JOHN HUNT			4. DATE OF DEATH Month Day Year April 20, 1962
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/22/54
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (last birthday) 8 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) Walla Walla, Wash.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Joe A. Hunt		13b. MOTHER'S MAIDEN NAME Lorene Logan	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Joe A. Hunt; 2601 College
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Severe Intracranial Injury			INTERVAL BETWEEN ONSET AND DEATH 45 min.
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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> NON-ACCIDENT	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Ran into side of truck	
20c. TIME OF INJURY Hour Minute P.M. 4:00 5:00 P.M.		Month, Day, Year 4/20/62	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	20f. CITY, TOWN, OR LOCATION COUNTY STATE Springfield, Missouri
21. I attended the deceased from Time of injury to Death and last saw him alive on Present at death Death occurred at 4:45 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Frank D. Sundstrom MD (Degree title)		22b. ADDRESS Springfield, Mo.	22c. DATE SIGNED 4-24-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/23/62	23c. NAME OF CEMETERY OR CREMATORY Eisenhower Cemetery	23d. LOCATION (City, town, or county) (State) Reed Springs, Mo.
24. FUNERAL DIRECTOR ADDRESS Ayre-Goodwin Springfield, Mo.		25. DATE RECD. BY LOCAL REG. 4-27-62	26. REGISTRAR'S SIGNATURE Effie S. Melton

Permit renewed

4-20-62

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 Rosewood*

Licensed Embalmer No. 5156

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.