

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047336

STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. 4098 Registrar's No. 209

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 0191

2 0191

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FILED DATE <u>DEC 31 1963</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>CASS</u>		e. STATE <u>MISSOURI</u> COUNTY <u>CASS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BELTON</u>		c. CITY OR TOWN <u>BELTON</u>	
Length of stay in 1b <u>12 YEARS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>515 NORTH SCOTT</u>		d. STREET ADDRESS (If outside, give location) <u>515 NORTH SCOTT</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>HARRY JOHN HUNT</u>			4. DATE OF DEATH <u>DECEMBER 20, 1963</u>
5. SEX <u>MALE</u>			6. COLOR OR RACE <u>WHITE</u>
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>			8. DATE OF BIRTH <u>7-5-1897</u>
9. AGE (last birthday) <u>86</u>			10. IF UNDER 1 YEAR Months Days Hours Mln.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED ACCOUNTANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SALES</u>	
11. BIRTHPLACE (City and state or country) <u>SHIPMAN, ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>GEORGE HUNT</u>		13b. MOTHER'S MAIDEN NAME <u>JANE STOKES</u>	
14. NAME OF HUSBAND OR WIFE <u>ELIZABETH R. HUNT</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT <u>MRS. JOHN E. STEVENS</u> Address <u>519 NORTH SCOTT, BELTON, MISSOURI</u>	
18. CAUSE OF DEATH (Enter only one cause per third)			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:			
IMMEDIATE CAUSE (a) <u>Pulmonary Edema</u>			<u>2 hrs</u>
DUE TO (b) <u>Pneumonia bilateral</u>			<u>24 hrs</u>
DUE TO (c) <u>Cardiac Decompensation</u>			<u>4 weeks</u>
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 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 Hour a.m. p.m. Month, Day, Year	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.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from <u>Sept 10-63</u> to <u>Dec 20-63</u> and last saw her/him alive on <u>Dec 20-63</u>			
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title)		22b. ADDRESS <u>12921 Grandview Pl Grandview, Mo 64113</u>	22c. DATE SIGNED <u>Dec 21 1963</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>DEC. 23, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>FLORAL HILLS CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
24. FUNERAL DIRECTOR <u>DR. W. H. COOPER'S TAUS - KANSAS CITY, MISSOURI</u>		DATE RECD. BY LOCAL REG. <u>12-23-63</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

(Licensed Embalmer's Statement on Reverse Side)

JAN 2 1964

DEC 21 1963

Ray Selmer  
Pool Hall - basement State  
Harrisville

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 JOHN M. EADOR Student Embalmer No. 707

working under my personal supervision.

Student John M. Eador  
Signature of Student Embalmer

Signed Ed M. King

Licensed Embalmer No. 3566

P. O. Address Harrisville 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.