

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**63-047674**

STATE FILE NUMBER

Registration District No. 129 Primary Registration District No. 200 Registrar's No. 1827

**FILED JAN 2 1964**

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Greene</u> b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u> Length of stay in 1b <u>9 weeks</u> c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Burge Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u> c. CITY OR TOWN <u>Hartville</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (if outside, give location) <u>Hartville</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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<b>3. NAME OF DECEASED</b> First <u>James</u> Middle <u>Henry</u> Last <u>Hunter</u>			<b>4. DATE OF DEATH</b> Month <u>December</u> Day <u>20</u> Year <u>1963</u>			
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>11-5-1879</u>	<b>9. AGE</b> (last birthday) <u>84</u>	<b>IF UNDER 1 YEAR</b> Months Days Hours Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Retired Merchant</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Wright County, Mo.</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>U.S.A.</u>		
<b>13a. FATHER'S NAME</b> <u>Malcom Hunter</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Elizabeth Hunter</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Ada Hunter</u>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT</b> <u>Ada Hunter Hartville, Missouri</u>		

<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinomatosis from bladder</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>18 Months</u>
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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		
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<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of Item 18.)		
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input checked="" type="checkbox"/>		
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE		

21. I attended the deceased from 2-19-63 to 20 Dec 63 and last saw <sup>her</sup>/<sub>him</sub> alive on 20 Dec 63  
 Death occurred at 1 PM on the date stated above, and to the best of my knowledge, from the causes stated.

<b>22a. SIGNATURE</b> (Degree or title) <u>Edwin M Powell M.D.</u>	<b>22b. ADDRESS</b> <u>609 Cherry Springfield Mo</u>	<b>22c. DATE SIGNED</b> <u>12-27-63</u>
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	<b>23b. DATE</b> <u>12-22-1963</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Steele Memorial</u>
<b>23d. LOCATION</b> (City, town, or county) (State) <u>Hartville Missouri</u>		

<b>24. FUNERAL DIRECTOR</b> <u>Bergman-Miller-Bledsoe</u>	<b>ADDRESS</b> <u>Hartville, Mo.</u>	<b>25. DATE RECD. BY LOCAL REG.</b> <u>12-30-63</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Terrell Willey</u>
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DO NOT WRITE ON THIS STUB  
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 21140  
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 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
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 ITEM NO.  
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**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 Max L Miller

Licensed Embalmer No. 4720

P. O. Address Mansfield 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.