

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28411

FILED SEP 14 1953

State File No. \_\_\_\_\_

BIRTH. NO. \_\_\_\_\_ REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 3023 Registrar's No. 194

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1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton Mo, 422</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clinton Genl HosPit</u>		d. STREET ADDRESS (If rural, give location) <u>West Rogers</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>DAVID</u> c. (Last) <u>Hunt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-9-1953</u>		
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5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>7/22/1874</u>		9. AGE (In years last birthday) <u>79</u>		10. IF UNDER 1 YEAR Months _____ Days _____		11. IF UNDER 1 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTH PLACE (State or foreign country) <u>Ohio</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>John K Hunt</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Royer</u>			14. NAME OF HUSBAND OR WIFE <u>Laura 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>none</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Laura Hunt</u> ADDRESS <u>Clinton Mo</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis of liver</u>		DUPLICATE OF (b) <u>arteriosclerosis</u>						5 yrs.	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (c) <u>Coroio-vascular renal disease</u>							
II. OTHER SIGNIFICANT CONDITIONS † Conditions contributing to the death but not related to the disease or condition causing death.									

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Feb, 1951, to 9-9-, 1953, that I last saw the deceased alive on 9-9-, 1953 and that death occurred at 9:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>James O. Smith M.D.</u> (Degree or title)		23b. ADDRESS <u>Clinton, Mo.</u>		23c. DATE SIGNED <u>9-11-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/11/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Englewood Corn</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u>	
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DATE RECD BY LOCAL REG <u>Sept-11-53</u>		REGISTRAR'S SIGNATURE <u>Florence Adair Jr.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Consuelo Clinton</u> ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

422-0

(Licensed Embalmer's Statement on Reverse Side)

OCT 1 8 1954

DEC 6 1954

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 .....  
Student Embalmer

Signed

*J E Cosner*

Licensed Embalmer No. 1891

P. O. Address Clinton, 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 this body is not embalmed, fact should be so stated above.