

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **40723**

FILED DEC 27 1954

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4214** Registrar's No. **9**

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Deepwater		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Deepwater Twp. 04-20	
c. LENGTH OF STAY (In this place) 30 days		d. STREET ADDRESS (If rural, give location) Deepwater Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION Harper Nursing Home			

3. NAME OF DECEASED a. (First) Otto b. (Middle) Jewell c. (Last) Hunter			4. DATE OF DEATH (Month) (Day) (Year) 12-16-1954			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 12-25-1902	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Farmer			11. BIRTHPLACE (City and State or Foreign Country) Fresno Missouri U.S.A.			
10b. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME James W Hunter	13b. MOTHER'S MAIDEN NAME Minnie Babbitt	14. NAME OF HUSBAND OR WIFE Alice Hunter
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. 079-08-4136	17. INFORMANT'S SIGNATURE OR NAME Alice Hunter
		ADDRESS Deepwater Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRAIN TUMOR		INTERVAL BETWEEN ONSET AND DEATH 6 mo.
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
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"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO	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)	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 JULY 19, 1954, to DEC. 16, 1954, that I last saw the deceased alive on 15 DEC., 1954, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Hugh B. Walker, MD	23b. ADDRESS Clinton, Mo.	23c. DATE SIGNED 17 DEC. 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-19-1954	24c. NAME OF CEMETERY OR CREMATORY Near Creek cemetery	24d. LOCATION (City, town, or county) (State) Henry Co Mo
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DATE REC'D BY LOCAL REG. Dec-19-54	REGISTRAR'S SIGNATURE Florence Adair	42-2	25. FUNERAL DIRECTOR'S SIGNATURE Sickman-Dunning	ADDRESS Clinton Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Robert L. Dunning

Licensed Embalmer No. 4790

P. O. Address Clinton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.