

## STANDARD CERTIFICATE OF DEATH

11676

State File No. ....

FILED MAY 9 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4212 Registrar's No. 56

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) <u>Blairstown</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blairstown</u>	
c. LENGTH OF STAY (in this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>2423</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Blairstown, Missouri</u>			
3. NAME OF DECEASED a. (First) <u>Jefferson</u> b. (Middle) <u>Alexendria</u> c. (Last) <u>Hunt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 23, 1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 1, 1865</u>
9. AGE (in years last birthday) <u>89</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Pike County, Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Alexendria J Hunt</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Keefir</u>	14. NAME OF HUSBAND OR WIFE <u>Susan Belle Lotspeich</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>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dorys Henry, Blairstown, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma Esophagus</u> DUE TO (c) _____ 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 <u>150X</u>	
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"/>	21h. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>April 22, 1955</u> , to <u>April 23, 1955</u> , that I last saw the deceased alive on <u>April 23, 1955</u> , and that death occurred at <u>8:00 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>G.W. Moulard</u>		23b. ADDRESS <u>Blairstown</u>	23c. DATE SIGNED <u>4-24-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/25/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Blairstown</u>
24d. LOCATION (City, town, or county) (State) <u>Blairstown, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Florence Adair</u> ADDRESS <u>Cook Funeral Home, Chilhowee, Mo.</u>	

(Licensed Embelmer's Statement on Reverse Side)

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed.....

*J. Wood*

Licensed Embalmer No. 4335

P. O. Address Chilhowee, Me

**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.