

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039681

STATE FILE NUMBER

FILED NOV 24 1958

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 258

1. PLACE OF DEATH a. COUNTY <i>Henry</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO</i> b. COUNTY <i>Henry</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Clinton</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Clinton MO</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Cofton Rest Home</i> Length of stay in 1b		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>Scharley C.</i> Middle <i>Hunter</i> Last <i>Hunter</i>			4. DATE OF DEATH Month <i>11</i> Day <i>21</i> Year <i>1958</i>
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Sept 13 1883</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Retired</i>	11. BIRTHPLACE (City and state or country) <i>Kentucky</i>
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		13a. FATHER'S NAME <i>Jasper C Hunter</i> 13b. MOTHER'S MAIDEN NAME <i>Lucy Ann Guthrie</i>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT <i>H. C. Hunter</i> Address <i>504 Truman Ave Clinton</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Colar pneumonia</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>metastatic carcinoma</i> DUE TO (c) <i>primary cancer in L. Nares</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <i>2 wks</i> <i>1 yr.</i>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		1600	
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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 <i>9-23-57</i> to <i>11-21-58</i> and last saw her alive on <i>11-20-58</i> Death occurred at <i>12:05 A.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>R. D. Broell</i> (Degree or title) <i>D.O.</i>		22b. ADDRESS <i>Clinton MO</i>	
22c. DATE SIGNED <i>11-22-58</i>		23a. BURIAL, CREMATION, OR REMOVAL (Specify) <i>Nov. 23-1958</i>	
23b. DATE		23c. NAME OF CEMETERY OR CREMATORY <i>Carrsville</i>	
23d. LOCATION (City, town, or county) <i>Near Moore's Henry MO</i>		(State)	
24. FUNERAL DIRECTOR <i>Brown &amp; Graham</i> ADDRESS <i>Mich MO</i>		25. DATE RECD. BY LOCAL REG. <i>11-22-58</i>	
26. REGISTRAR'S SIGNATURE <i>Melbae Bigum</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. No symptoms will be listed.

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 R. R. Kenney .....

Licensed Embalmer No. 3099 .....

P. O. Address Clinton .....

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.