

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27905

State File No. ....

BIRTH NO. .... REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 331

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> (Blw)				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>				
b. CITY OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>83 YEARS</u>		c. CITY OR TOWN <u>INDEPENDENCE</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>440 HIGHWAY AND HARDY FOUR PINES NURSING HOME</u>				No. STREET ADDRESS (If rural, give location) <u>P.R. #5 (Rolle)</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u>			b. (Middle) <u>EDWIN</u>		c. (Last) <u>HUNTER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUGUST 17, 1954</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>NOV. 22, 1870</u>		9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED CIVIL ENGINEER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MISSOURI PACIFIC R.R.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>RAYTOWN, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>SAMUEL R. HUNTER</u>		13b. MOTHER'S MAIDEN NAME <u>JUDY A. MILLER</u>		14. NAME OF HUSBAND OR WIFE <u>NEVER MARRIED</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 ADDRESS <u>EDWIN L. SMITH 57th WINDSOR RD. KANSAS CITY, 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause of prostate</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>177X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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) (Minute)		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 <u>9/15, 1952</u> to <u>8/15, 1954</u> , that I last saw the deceased alive on <u>8/16, 1954</u> , and that death occurred at <u>2:15 Am.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>H. S. Beppo M.D.</u>				23b. ADDRESS <u>RAYTOWN, MO</u>		23c. DATE SIGNED <u>8/17/54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>AUG 19 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BROOKINGS CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>NEAR RAYTOWN MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>8-19-54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> 354-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D. W. Newcomer 1331 BRADY BLVD KANSAS CITY, MISSOURI</u>				

2:00:3000

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 *Jess T. Lewis* .....  
Licensed Embalmer No. *445*

P. O. Address *Kanawha* .....

**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.