

FILED JUN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17782**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **616**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 2 Yrs	c. CITY OR TOWN St. Joseph
d. FULL NAME OF HOSPITAL OR INSTITUTION 724 North 25th Street		e. STREET ADDRESS (If rural, give location) 724 North 25th Street	

3. NAME OF DECEASED (Type or Print) EDWARD	a. (First)	b. (Middle) S.	c. (Last) HUNT	4. DATE OF DEATH JUNE 13th 1955	(Month) (Day) (Year)
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH February 2-1862	9. AGE (in years last birthday) 93Yrs	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 14 HRS. Hours	IF UNDER 14 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Banker and Ranchman for 46 Yrs	10b. KIND OF BUSINESS OR INDUSTRY Ranchman for 46 Yrs	11. BIRTHPLACE (City and State or Foreign Country) Ray County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Hunt	13b. MOTHER'S MAIDEN NAME Ann Morris	14. NAME OF HUSBAND OR WIFE Mary Florence Hunt
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. R. E. Lewis, (Dau)	CITY ADDRESS 724 North 25th
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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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 10 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) gen. Arteriosclerosis		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201		

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)	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 **20 Dec, 1954**, to **18 June 1955**, that I last saw the deceased alive on **13 June, 1955**, and that death occurred at **2:45 pm**, from the causes and on the date stated above.

23a. SIGNATURE J. F. Motherhead (Degree or title) MD	23b. ADDRESS 2603 Fredrick Ave., City	23c. DATE SIGNED 15 June 55
23d. BURIAL, CREMATION, REMOVAL (Specify) (Removal)	24b. DATE June 15-1955	24c. NAME OF CEMETERY OR CREMATORY Hickory Grove Cemetery
24d. LOCATION (City, town, or county) (State) Richmond, Missouri.		

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE June 20, 1955	REG. 483	25. FUNERAL DIRECTOR'S SIGNATURE Meirshaffer ADDRESS St. Joseph, 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.....
Signature of Student Embalmer

Signed... *Albert J. ...*

Licensed Embalmer No... 3258...

P. O. Address... St... Joseph, M...

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.