

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14182

FILED MAY 6 - 1957

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5937 Registrar's No. 223

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Ionia</u>	c. LENGTH OF STAY (In this place) <u>6 1/2 yrs.</u>	c. CITY OR TOWN <u>Ionia</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 HOSPITAL OR INSTITUTION <u>Rural Route 1</u>		e. STREET ADDRESS (If rural, give location) <u>Rural Route 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MATTHEW</u> b. (Middle) <u>STEVENSON</u> c. (Last) <u>HUNT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 28, 1957</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>Oct. 9, 1970</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen Agriculture</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Washington County, Tennessee</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Martin V. Hunt</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Cogans Hunt</u>	14. NAME OF HUSBAND OR WIFE <u>Elizabeth Carpenter Hunt</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>*****</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Minnie D. Case, Rt. 1, Ionia, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		
	ANTECEDENT CAUSES Morbidity 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.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <u> </u> 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) <u> </u> <u> </u> <u> </u>
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 Feb 3, 1956, to 28 April, 1957, that I last saw the deceased alive on 28 April, 1957, and that death occurred at 1:09 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ronald C. Postal M.D. 23b. ADDRESS Sedalia, Mo. 23c. DATE SIGNED 29 April 1957

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 5/1/57 24c. NAME OF CEMETERY OR CREMATORY Ionia Cemetery 24d. LOCATION (City, town, or county) (State) Rural Pettis County, Mo.

DATE REC'D BY LOCAL REG. 5-1-57 REGISTRAR'S SIGNATURE Francis Shelby 25. FUNERAL DIRECTOR'S SIGNATURE Phanewing ADDRESS Sedalia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5410

Dr. Proctor

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. E. Baker*

Licensed Embalmer No. *2419*.....

P. O. Address *Sedalia*.....

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.