

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002554

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 210 Primary Registration District No. \_\_\_\_\_ Registrar's No. 7

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 14 1963	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <b>Mercer</b></p> <p>b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Morgan Twp</b> Length of stay in 1b <b>life</b></p> <p>c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mercer Co. Rest Home</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <b>Missouri</b> b. COUNTY <b>Mercer</b></p> <p>c. CITY OR TOWN <b>Princeton, Mo</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (if outside, give location) <b>Princeton, Mo</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED First <b>William</b> Middle <b>Hunter</b> Last <b>Hunter</b></p>	
<p>4. DATE OF DEATH <b>January 7, 1963</b> Month <b>January</b> Day <b>7</b> Year <b>1963</b></p>	
<p>5. SEX <b>male</b></p>	<p>6. COLOR OR RACE <b>white</b></p>
<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <b>3-27-1875</b></p>
<p>9. AGE (last birthday) <b>87</b></p>	<p>IF UNDER 1 YEAR Months _____ Days _____</p> <p>IF UNDER 24 HR Hours _____ Min. _____</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b></p>	<p>10b. KIND OF BUSINESS OR INDUSTRY _____</p>
<p>11. BIRTHPLACE (City and state or country) <b>Mercer Co., Mo</b></p>	
<p>12. CITIZEN OF WHAT COUNTRY <b>USA</b></p>	
<p>13a. FATHER'S NAME <b>Hiram Hunter</b></p>	<p>13b. MOTHER'S MAIDEN NAME <b>Mary Hall</b></p>
<p>14. NAME OF HUSBAND OR WIFE _____</p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b></p>	
<p>16. SOCIAL SECURITY NO. _____</p>	
<p>17. INFORMANT <b>Elvin Hunter</b> Address <b>Princeton, Mo</b></p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line)</p> <p>PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <b>Cerebral Embolism</b></p> <p style="text-align: right;">INTERVAL BETWEEN ONSET AND DEATH <b>6 wks.</b></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____</p> <p>PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____</p>	
<p>20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____</p>	
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____</p>
<p>20f. CITY, TOWN, OR LOCATION <b>Princeton, Mo</b> COUNTY _____ STATE _____</p>	
<p>21. I attended the deceased from <b>12-19-62</b> to <b>12-26-62</b> and last saw her/him alive on <b>12-26-62</b></p> <p>Death occurred at <b>7:30pm</b> on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) <i>Donald P. Pearson D.O.</i></p>	<p>22b. ADDRESS <b>Princeton, Mo.</b></p>
<p>22c. DATE SIGNED <b>1-9-63</b></p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b></p>	<p>23b. DATE <b>1-10-63</b></p>
<p>23c. NAME OF CEMETERY OR CREMATORY <b>Otterbien</b></p>	
<p>23d. LOCATION (City, town, or county) (State) <b>Mercer Co., Mo</b></p>	
<p>24. FUNERAL DIRECTOR <b>Noel Moss</b> ADDRESS <b>Princeton, Mo</b></p>	<p>25. DATE RECD. BY LOCAL REG. <b>1-9-63</b></p>
<p>26. REGISTRAR'S SIGNATURE <i>Neil Moss</i></p>	

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**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 *Alfred T. Smith*

Licensed Embalmer No. 2634

P. O. Address Greenwood Mo

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.

*Alfred T. Smith 1-9-63 M.M.*