

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

66 0015446

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 55-18 Registrar's No. 140

DO NOT WRITE
ON THIS STUB

AMENDED

FILED MAY 16 1966

VS 300
Rev. 4/59

1	0420
2	0420
3	
4	0
5	1
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9	331X
10	
11	
12	90-0
13	1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Henry			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Walker Twp.		Length of stay in 1b		c. CITY OR TOWN Urich Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF DECEASED (If NOT in hospital, give location) HOSPITAL OR HIS HOME INSTITUTION Urich, RFD. # 2			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) RFD. # 2. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First James Middle Jacob Last Hunt			4. DATE OF DEATH Month May Day 12 Year 1966		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Apr. 27, 1894	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months 0 Days 15 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Henry Co., Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Edwin B. Hunt		13b. MOTHER'S MAIDEN NAME Martha Long		14. NAME OF HUSBAND OR WIFE Audry Hunt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 487 116 8259		17. INFORMANT R # 2, Audry Hunt, Urich, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cerebral hemorrhage					INTERVAL BETWEEN ONSET AND DEATH 1 wk.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				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	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 _____ a.m. _____ p.m. Month, Day, Year _____		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 1960 to 5-19-66 and last saw her alive on 5-11-66 Death occurred at 3pm on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Hugh B Walker, MD			22b. ADDRESS Clinton, Mo		22c. DATE SIGNED 5-19-66
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 15, 1966	23c. NAME OF CEMETERY OR CREMATORY White Oak Cemetery		23d. LOCATION (City, town, or county) (State) Urich, Mo. Rural
24. FUNERAL DIRECTOR Vansant Funeral Home, Clinton, Mo.			25. DATE RECD. BY LOCAL REG. May 14, 1966		26. REGISTRAR'S SIGNATURE Mildred Bigum

USE BLACK INK
OR
TYPEWRITER RIBBON

MAY 25 1966

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 *H. A. Vansant*

Licensed Embalmer No. 3779

P. O. Address *Clinton, 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.