

No. 300
10-48

FILED OCT 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32944

BIRTH NO. REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 3014 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Liberty		c. LENGTH OF STAY (In this place) 70 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Liberty	
d. FULL NAME OF HOSPITAL OR INSTITUTION 419 N. Prarie St.				d. STREET ADDRESS (If rural, give location) 419 N. Prarie	

3. NAME OF DECEASED (Type or Print) a. (First) Lowell			b. (Middle) Hunter			c. (Last) Hunter			4. DATE OF DEATH (Month) (Day) (Year) October 13, 1951		
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5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH October 15, 1876		9. AGE (In years last birthday) 74		10. MONTHS 11		11. DAYS 28		12. HOURS Hours		13. MIN. Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer				10b. KIND OF BUSINESS OR INDUSTRY All Types				11. BIRTHPLACE (State or foreign country) Clinton Co. Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
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13a. FATHER'S NAME Joseph Hunter				13b. MOTHER'S MAIDEN NAME Mattie Parker				14. NAME OF HUSBAND OR WIFE Cora Hunter			
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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. None				17. INFORMANT'S SIGNATURE OR NAME Cora Hunter				ADDRESS Liberty, Missouri			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION										INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of Urinary Bladder</i>											
		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.											

19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 181X								20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)			
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?			
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22. I hereby certify that I attended the deceased from 1945 to 10/13/51, 1951, that I last saw the deceased alive on Oct 12, 1951, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Wm. G. Gadsden M.D.</i>				(Degree or title)				23b. ADDRESS Liberty, Mo				23c. DATE SIGNED 10/13/51			
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 15, 1951		24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery				24d. LOCATION (City, town, or county) (State) Liberty, Missouri			
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DATE REC'D BY LOCAL REG. Oct-15-1951				REGISTRAR'S SIGNATURE <i>William Haynes</i>				25. FUNERAL DIRECTOR'S SIGNATURE <i>Church-Archer Co.</i>				ADDRESS Liberty, Mo.			
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(Licensed Embalmer's Statement on Reverse Side)

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

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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
Student Embalmer

Signed John Lombard.....

Licensed Embalmer No. 4448.....

P. O. Address Liberty, 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 this body is not embalmed, fact should be so stated above.