

No. 300  
10. 48

FILED FEB 9 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

CALAHAN 3517  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 4493 Registrar's No. 349

1. PLACE OF DEATH a. COUNTY <u>Howell-Shannon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>SHANNON</u>		
b. CITY OR TOWN <u>Birch Tree</u>		c. LENGTH OF STAY (If this place) <u>71405</u>	c. CITY OR TOWN <u>Birch Tree</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			e. STREET ADDRESS (If rural, give location) <u>Rt # 3 1010</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Aimie</u>		b. (Middle) <u>James</u>		c. (Last) <u>Hunter</u>	
4. DATE OF DEATH <u>JAN. 14 - 1956</u>		5. SEX <u>M.</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>Sept 8 - 1884</u>		9. AGE (In years last birthday) <u>71</u> <u>46</u> <u>46</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Birch Tree, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>W.A. Hunter</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY HAVEN</u>	
14. NAME OF HUSBAND OR WIFE <u>Betha Hunter</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Bertha Hunter</u>		17. ADDRESS <u>Rt 2 Birch Tree Mo.</u>		18. CAUSE OF DEATH	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>1010</u>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Cerebral Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs -</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSION</u>			15 yrs -
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? 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)	
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 <u>10-3</u> , 19 <u>55</u> , to <u>1-14</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>12-26</u> , 19 <u>55</u> , and that death occurred at <u>11:52</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Ch. Callahan M.D.</u>			23b. ADDRESS <u>West Plains, Mo</u>		23c. DATE SIGNED <u>1-23-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-16-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cobinth</u>	
24d. LOCATION (City, town, or county) (State) <u>Birch Tree Mo.</u>		DATE REC'D BY LOCAL REG. <u>1-6-56</u>		REGISTRAR'S SIGNATURE <u>Mabel Gallen</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>DUNCAN'S Mt. View, Mo</u>		ADDRESS _____			

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

OCT 30 1936

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 *Joe S. Duncan*  
Licensed Embalmer No. *432*  
P. O. Address *Wt. View*

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.