

35471

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 208

1. PLACE OF DEATH: RECD NOV 20 1939

(a) County Cam

(b) City or town Columbia, Mo

(c) Name of hospital or institution: NOVES HOSPITAL

(d) Length of stay: In hospital or institution 5-3-39 - 8-2-39  
8-23-39 - 10-3-39

In this community 521  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Boone

(c) City or town Columbia

(d) Street No. \_\_\_\_\_

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME James Willard Hunsperger

8. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 19  
year 1939 hour 10:00 minute A M.

21. I hereby certify that I attended the deceased from May 3  
1939, to Oct. 19 1939.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced child

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 13 1938  
(Month) (Day) (Year)

that I last saw him alive on 10-19 1939  
and that death occurred on the date and hour stated above.

8. AGE: Years 1 Months 8 Days 6 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Carcinoma of the humerus with metastasis to lungs and pleural effusion.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace Pueblo Colo.  
(City, town, or county) (State or foreign country)

10. Usual occupation None

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Willard Hunsperger

13. Birthplace Koshkonong, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Ethel Mae Pearson

15. Birthplace Neodesha, Kansas  
(City, town, or county) (State or foreign country)

Major findings: Bisphosphonate - Osteogenic Sarcoma.

Of operations \_\_\_\_\_

Of autopsy Osteogenic Sarcoma of humerus with metastasis to lungs.

16. (a) Informant's own signature Willard Hunsperger

(b) Address Koshkonong, Mo.

17. (a) BURIAL (b) Date thereof Oct. 26, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wayside Cem. Koshkonong, Mo.

18. (a) Signature of funeral director Carlus F. La

(b) Address Columbia, Mo.

19. (a) 10/19/39 (b) Allie Selby  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Wm. Stewart (M. D. or other) M.D.

Address Columbia, Mo. Date signed 10/19/39

Duration 10 months

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

REV. 5-17-39 I X19511

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*M. S. Williams*

Licensed Embalmer No. *2893*

P. O. Address *Calumet*

**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, above space should be left blank.**