

FILED MAY 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13294

State File No.

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Premiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>PREMSCOT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HAYTI</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HAYTI</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>506 Monroe</u>	
3. NAME OF DECEASED a. (First) <u>Joseph</u>		b. (Middle) <u>CARL</u>	
c. (Last) <u>HUNSAKER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 9 1949</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 1, 1880</u>
9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>ANNA Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>JOHN HUNSAKER</u>	13b. MOTHER'S MAIDEN NAME <u>LOUISE BRYCE</u>	14. NAME OF HUSBAND OR WIFE <u>ELLEN HUNSAKER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>498-01-7152</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wm J. Janda</u> ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Insufficiency</u>		INTERVAL BETWEEN ONSET AND DEATH	
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. <u>nephritis</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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>3-25</u> , 19 <u>49</u> , to <u>4-9</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4-9</u> , 19 <u>49</u> , and that death occurred at <u>1100 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. L. Masters M.D.</u> (Degree or title)		23b. ADDRESS <u>Hayti MO</u>	23c. DATE SIGNED <u>4-12-49</u>
24a. BURIAL/CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>April 13, 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NEW MAIDEN CEMETARY</u>	24d. LOCATION (City, town, or county) (State) <u>MAIDEN MO</u>
DATE REC'D BY LOCAL REG <u>5-9-49</u>	REGISTRAR'S SIGNATURE <u>John W. German</u>	406	25. FUNERAL DIRECTOR'S SIGNATURE <u>loyd Russell</u> ADDRESS <u>R122077</u>

(Licensed Embalmer's Statement on Reverse Side)

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

78
2
1

5-49-125-

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 me

Student Embalmer No. _____

working under my personal supervision.

Signed

Lloyd Russell

Signed.....
Student Embalmer

Licensed Embalmer No. 509 ark.

P. O. Address Piggott ark.

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.