

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 27 1949

State File No. **33654**

BIRTH NO. _____ REG. DIST. NO. 134 PRIMARY REG. DIST. NO. 4207 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Blythdale</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blythdale Colfax</u>	
c. LENGTH OF STAY (in this place) <u>2 5/8 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home, Blythdale</u>			

3. NAME OF DECEASED (Type or Print) <u>Pleasant Clyde Hunsicker</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 10 1949</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov 12 1870</u>	9. AGE (In years last birthday) <u>78</u>	10. UNDER 1 YEAR Months <u>10</u> Days <u>28</u>	11. UNDER 2 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Willipord, Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Henry H Hunsicker</u>	13b. MOTHER'S MAIDEN NAME <u>Blynda Liggitt</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dean W. Hunsicker</u>	ADDRESS <u>Stafford, Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>yes</u> <u>yes</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Arteriosclerosis</u>		
	DUE TO (c) <u>Senility</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4200</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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 Nov, 1942, to Oct 10, 1949, that I last saw the deceased alive on Oct 10, 1949, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. B. Hyer D.D. 2</u>	23b. ADDRESS <u>Eagleville Mo</u>	23c. DATE SIGNED <u>10-13-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 14, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Muscotah Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Muscotah Kansas</u>
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DATE REC'D BY LOCAL REG. <u>Oct. 17 - 49</u>	REGISTRAR'S SIGNATURE <u>S. Pha Shaw</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert W. Rogers</u>	ADDRESS <u>Ridgeway Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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 _____

H. W. Boggers

Student Embalmer No. 328

working under my personal supervision.

Student *Herald W. Boggers*
Student Embalmer

Signed *Robert R. Boggers*

Licensed Embalmer No. 95-76

P. O. Address *Ridgeway m*

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.