S. No. 300
EV. 10.48

FILED JAN 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40439

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 444

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

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
c. LENGTH OF STAY (in this place): 75 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Southeast Mo. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Cape Girardeau 15
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau 4
d. STREET ADDRESS (If rural, give location): 1017 Harmony Street

3. NAME OF DECEASED (Type or Print)
a. (First): Louis
b. (Middle):
c. (Last): Hunze

4. DATE OF DEATH (Month) (Day) (Year): Dec. 20, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 27, 1874
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Tinner
10b. KIND OF BUSINESS OR INDUSTRY: self employed
11. BIRTHPLACE (State or foreign country): Cape Girardeau Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: August Hunze
13b. MOTHER'S MAIDEN NAME: Margarette Will
14. NAME OF HUSBAND OR WIFE: Marie Katherine Hunze

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: Miss Fannie Hunze — ADDRESS: Cape Gir,

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): Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma stomach — 6 mo I
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 151 X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 23, 1949, *to* Dec 20, 1949, *that I last saw the deceased alive on* Dec 20, 1949, *and that death occurred at* 6:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John Crowe MD
23b. ADDRESS: Cape Girardeau, Mo
23c. DATE SIGNED: 12/27/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 22, 1949
24c. NAME OF CEMETERY OR CREMATORY: Fairmont Cemetery
24d. LOCATION (City, town, or county) (State): Cape Girardeau, Missour

DATE REC'D BY LOCAL REG.: 12-27-1949
REGISTRAR'S SIGNATURE: G.G. Summers 4%
25. FUNERAL DIRECTOR'S SIGNATURE: Howard L Hamm — ADDRESS: Cape Gir, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 1-3-50

District Health Officer No. 4

State File Number 150-21

Filed

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 Howard L. Hessman

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, 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.