S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40440

FILED JAN 6 1950

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 446

1. PLACE OF DEATH
a. COUNTY: Capegirardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Capegirardeau, ()
c. LENGTH OF STAY (in this place): 23 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ostopathic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Bollinger 7
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marble, Hill Lorance 10
d. STREET ADDRESS (If rural, give location): 1

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) Henry c. (Last) Hunziker

4. DATE OF DEATH (Month) (Day) (Year): 12-22-49

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Sept 18th 1883
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months 3, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: –
11. BIRTHPLACE (State or foreign country): Alton, Illinoise
12. CITIZEN OF WHAT COUNTRY? American

13a. FATHER'S NAME: Rudolph Hunziker
13b. MOTHER'S MAIDEN NAME: Mary Erebs
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): –
16. SOCIAL SECURITY NO.: 491-30-0248
17. INFORMANT'S SIGNATURE OR NAME: Ethel Hunniway — ADDRESS: Marblehill, Mo

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 — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Carcinomatosis
DUE TO (c) Carcinoma Urinary Bladder

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

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19a. DATE OF OPERATION: Dec 5, 1949
19b. MAJOR FINDINGS OF OPERATION: Vasectomy - Cystoscopy revealed Carcinoma of Urinary Bladder
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. 29, 1949, *to* Dec. 22, 1949, *that I last saw the deceased alive on* Dec. 22, 1949, *and that death occurred at* 3:15 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): N. J. Newell D.O.
23b. ADDRESS: 105 S. Spanish Cape Girardeau, Mo
23c. DATE SIGNED: Dec. 26, 1949

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-24-49
24c. NAME OF CEMETERY OR CREMATORY: Ebenezer,
24d. LOCATION (City, town, or county) (State): Near MarbleHill Mo,

DATE REC'D BY LOCAL REG.: 12-29-1949
REGISTRAR'S SIGNATURE: C. C. Summers 44
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Baker Funeral Home Lutesville

(Licensed Embalmer's Statement on Reverse Side)

JAN 9 1950

...ED 1-3-50

...lth Officer No. 4

... Number 150-23

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Tuberville 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.