

FILED JUN 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19156

State File No.

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Nevada</u>		c. CITY OR TOWN <u>Independence</u> 0484	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital 3 Nevada</u>		d. STREET ADDRESS <u>924 S. Dodgion St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>OTHA</u> b. (Middle) _____ c. (Last) <u>HUNTSUCKER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 2, 1950</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>separated</u>	8. DATE OF BIRTH <u>Dec 17, 1877</u>	9. AGE (in years last birthday) 72	IF UNDER 1 YEAR Months <u>5</u> Days <u>15</u>	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Jackson County Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>David Huntsucker</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Bettle</u>	14. NAME OF HUSBAND OR WIFE <u>Edith Lewis</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hosp 3 Nevada Mo</u>	ADDRESS _____
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-vascular accident</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cardiovascular renal disease</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>Dementia Precox</u>		44 27	

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	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 June 20, 1944, to June 2, 1950, that I last saw the deceased alive on June 2, 1950, and that death occurred at 9:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul L. Barone</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>State Hospital 3 Nevada Mo</u>	23c. DATE SIGNED <u>June 2/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>	24b. DATE <u>6-3-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Independence</u>	24d. LOCATION (City, town, or county) (State) <u>Independence Mo</u>
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DATE REC'D BY LOCAL REG <u>June 6, 1950</u>	REGISTRAR'S SIGNATURE <u>Kathryn H. Hancock</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Martha C. Schuyler</u>	ADDRESS <u>Nevada, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 6-10-5

District Health Officer No.

District File Number 5-50-6

Date Filed 6-10-5

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 Mark Eichinger

Licensed Embalmer No. 2686

P. O. Address Nevada 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.