

19726

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUL 6 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5290 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Town Kearney Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	
c. LENGTH OF STAY (In this place) <b>1 Day</b>		3238	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Shank Farm</b>		d. STREET ADDRESS (If rural, give location) <b>1627 Spruce Ave.</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>Walter</b>	b. (Middle) <b>Herbert</b>	c. (Last) <b>Huntsman</b>	June 16		50
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 7th, 1992</b>	9. AGE (In years last birthday) <b>57</b>	IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S. A.</b>

13a. FATHER'S NAME <b>Edwin B. Huntsman</b>		13b. MOTHER'S MAIDEN NAME <b>May Patterson</b>		14. NAME OF HUSBAND OR WIFE <b>Amelia Huntsman</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War 1</b>		16. SOCIAL SECURITY NO. <b>496-26-4096</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Amelia Huntsman 1627 Spruce</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Drowning</b>			Drowning	
		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.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>024</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE <b>Accident</b>		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Was frog hunting</b> <b>Slipped into deep water, could not swim</b>	

22. I hereby certify that I attended the deceased from **Crowners Corp.**, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>D. S. Tate M.D. Crowners</b>		23b. ADDRESS <b>North Kansas City, Mo.</b>		23c. DATE SIGNED <b>6/17/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6/20/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Leavenworth Kansas</b>		DATE REC'D BY LOCAL REG. <b>JUNE 19 1950</b>		REGISTRAR'S SIGNATURE <b>Dorrie Hayes</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Earp &amp; Sons</b>		ADDRESS <b>Kansas City, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 28

District Health Officer No. 8, JUN 18 1950

District File Number .....

Certs Filed 6-29-50

**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 William K. Corp

Licensed Embalmer No. 4728

P. O. Address H.C. 27th

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.