

FILED JUN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20675

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>290</u>					
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>							
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Joplin</u>		c. LENGTH OF STAY (in this place) <u>25 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		d. STREET ADDRESS (If rural, give location) <u>3011 Main</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3011 Main</u>				d. STREET ADDRESS (If rural, give location) <u>3011 Main</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Oka</u>			b. (Middle) <u>Rowe</u>		c. (Last) <u>Hunsaker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 7 1950</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 1, 1891</u>		9. AGE (In years last birthday) <u>58</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (State or foreign country) <u>Columbus, Kansas</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>Jesse Rowe</u>			13b. MOTHER'S MAIDEN NAME <u>Jennie Gibbons</u>			14. NAME OF HUSBAND OR WIFE <u>Fred Hunsaker</u>					
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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Fred Hunsaker</u> ADDRESS <u>3011 Main</u>						
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized carcinomatous with cachexia</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Adenocarcinoma of the ileum with generalized metastasis at time of surgery</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>over 7 mo.</u> <u>over 7 mo.</u> <u>152X</u>			
19a. DATE OF OPERATION <u>11-29-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Adenocarcinoma of the ileum with generalized metastasis.</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____							
22. I hereby certify that I attended the deceased from <u>10-25-48</u> , 19____, to <u>6-7</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>6-6</u> , 19 <u>50</u> , and that death occurred at <u>2:30pm.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____				23b. ADDRESS <u>410 Jackson, Joplin, Mo.</u>			23c. DATE SIGNED <u>6-12-50</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-10-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>Joplin Missouri</u>					
DATE REC'D BY LOCAL REG. <u>6-15-50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>138</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Parker-Hunsaker Mortuary, Joplin</u> ADDRESS _____						

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 6-23-50
Jasper County Health Office

County File Number 50-6-183

Date Filed 6-23-50

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.

Signed *F. M. Jones*

Licensed Embalmer No. 2319

Signed
Student Embalmer

P. O. Address *Joplin 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.