

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **58**

FILED JAN 23 1952

BIRTH NO. _____		REG. DIST. NO. <u>4</u>		PRIMARY REG. DIST. NO. <u>4016</u>		Registrar's No. <u>4</u>		
1. PLACE OF DEATH a. COUNTY <u>Atchison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>				
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Tarkio--#4444</u>		c. LENGTH OF STAY (in this place) <u>70 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tarkio-rural</u>		<u>2130</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>**</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>HATTIE</u> b. (Middle) <u>MAY</u> c. (Last) <u>SUNBARGER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 6, 1952</u>					
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>June 21, 1874</u>		
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Month <u>6</u> Days <u>15</u>		IF UNDER 1 YEAR Hours <u></u> Min. <u></u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Lisbon, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S</u>	
13a. FATHER'S NAME <u>Chris Shaum</u>			13b. MOTHER'S MAIDEN NAME <u>Emma Hauser</u>		14. NAME OF HUSBAND OR WIFE <u>John Sunbarger</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. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Wm. Kendall Tarkio, Missouri</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adenocarcinoma Colon - Intestines & Liver</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u> 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 <u>11-21-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Metastatic nodules in liver</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) <u>153X</u>				
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>11-13</u> , 19 <u>51</u> , to <u>1-6</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>1-4</u> , 19 <u>52</u> , and that death occurred at <u>12:30a.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>Tarkio, Mo.</u>		23c. DATE SIGNED <u>1/8/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>1/8/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Prarie Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Tarkio, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Jan 15, 1952</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>443</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Davis Funeral Home Tarkio, Mo.</u>				

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

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 _____

John M. Davis

Licensed Embalmer No. 2394

P. O. Address York, Pa

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.