

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9613

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

ED APR 14 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 4225 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Holt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oregon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oregon</u> <u>0440</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Louise</u> b. (Middle) <u>Hunziger</u> c. (Last) <u>Hunziger</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April</u> <u>4</u> <u>1953</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>July 26 1876</u>	9. AGE (In years last birthday) <u>76</u>	10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u> <u>4</u>	

13a. FATHER'S NAME <u>Heinrich Fink</u>		13b. MOTHER'S MAIDEN NAME <u>Rosine Fissler</u>		14. NAME OF HUSBAND OR WIFE <u>Robert Hunziger</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert Hunziger (Son) Oregon, Mo.</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>Arterio-sclerosis</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>Cerebral Hemorrhage</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4211</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 weeks</u>
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19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>Oregon</u> <u>Holt</u> <u>MO</u>	
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?	

22. I hereby certify that I attended the deceased from 4-4, 1952 to 4-4, 1953, that I last saw the deceased alive on 4-4, 1953, and that death occurred at 3:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. F. Kearney MD</u> (Degree or title)		23b. ADDRESS <u>Oregon MO</u>		23c. DATE SIGNED <u>4-6-53</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 7 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove</u>	
24d. LOCATION (City, town, or county) (State) <u>Oregon Missouri</u>					

DATE REC'D BY LOCAL REG. <u>4-7-53</u>		REGISTRAR'S SIGNATURE <u>James S. Campbell</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James S. Campbell, Mount City, Mo.</u>	
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(Licensed Embalmer's Signature on Reverse Side)

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

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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 James H. Crawford

Licensed Embalmer No. 4796

P. O. Address Howard City, 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.