

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14262**
1850

APR 25 1953

BIRTH NO.		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>1002</u>	Registrar's No. 1850
1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Douglas		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 2 weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lawrence 8150
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital		d. STREET ADDRESS (If rural, give location) 1021 Tennessee 8		
3. NAME OF DECEASED (Type or Print) a. (First) CHRIS b. (Middle)		c. (Last) HUNSINGER		4. DATE OF DEATH (Month) (Day) (Year) April 5, 1953
5. SEX D Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8/30/1874	9. AGE (In years last birthday) 78 IF UNDER 1 YEAR: Months Days IF UNDER 6 WKS: Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner - Auto agency		10b. KIND OF BUSINESS OR INDUSTRY Automotive		11. BIRTHPLACE (State or foreign country) Alsace Loraine
12. CITIZEN OF WHAT COUNTRY? Germany		13a. FATHER'S NAME Adam Hunsinger		
13b. MOTHER'S MAIDEN NAME Sophia (Unknown)		14. NAME OF HUSBAND OR WIFE Sophia Hunsinger		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wilford Hunsinger, Lawrence, Kan.
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) Muscular Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, Coronary DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Rectum & Stomach		INTERVAL BETWEEN ONSET AND DEATH 2 days yrs? several months
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Rectum & Stomach 4/20/53		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 8/20, 1952 , to 4/5, 1953 , that I last saw the deceased alive on 4/5, 1953 , and that death occurred at 2:30 p.m. , from the causes and on the date stated above.				
SIGNATURE John A. Griffith, Jr. M.D.		(Degree or title)		23b. ADDRESS 305 Meloy Road
23c. DATE SIGNED 4/6/53		24. LOCATION (City, town, or county) (State) Lawrence, Kansas		
24a. CREMATION REMOVAL (Specify) Burial		24b. DATE 4/7/1953		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery
DATE REC'D BY LOCAL REG. 4-6-53		REGISTRAR'S SIGNATURE Heraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Skradski-Stine KCK

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
L. P. Engel by John A. Griffith, Jr.

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Matt Shredick

Signed.....

Student Embalmer

Licensed Embalmer No. 4382

P. O. Address Kansas City, Kansas

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.