

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22640**

FILED JUL 6 - 1953

BIRTH NO. _____ REG. DIST. NO. **314** PRIMARY REG. DIST. NO. **6066** Registrar's No. **32**

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

1930
3

1. PLACE OF DEATH a. COUNTY St. Clair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Roscoe (Rural)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 1 day		d. STREET ADDRESS (If rural, give location) 4319 East 35th; Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Roscoe Township			

3. NAME OF DECEASED (Type or Print)	a. (First) Gary	b. (Middle) Dale	c. (Last) Honsinger	4. DATE OF DEATH (Month) (Day) (Year) June 7 1953
-------------------------------------	------------------------	-------------------------	----------------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH April 17, 1945	9. AGE (In years last birthday) 8	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
--------------------	-------------------------------	---	--	--	------------------------	----------------------	------------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Kansas City Missouri	12. CITIZEN OF WHAT COUNTRY? USA
---	-----------------------------------	---	---

13a. FATHER'S NAME Roy O. Honsinger	13b. MOTHER'S MAIDEN NAME Esther Wylly	14. NAME OF HUSBAND OR WIFE ----
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Roy O. Honsinger, Kansas City Mo.	ADDRESS
---	-------------------------------------	--	---------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental 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 conditions causing death.		9298 42	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	093	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	------------	---

21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Sac River	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Roscoe Township St. Clair Co; Mo;
---	---	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 7, 1953	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Drowned while wading in Sac River
--	---	--

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **6: P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Fussell B. Goodrich Coron	23b. ADDRESS Osceola Missouri.	23c. DATE SIGNED 6/9/53
--	--	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6/9/53	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Kansas City Kansas
--	-------------------------	---	--

DATE REC'D BY LOCAL REG. 6.9.53	REGISTRAR'S SIGNATURE R. Seewers	25. FUNERAL DIRECTOR'S SIGNATURE F. B. Goodrich Coron	ADDRESS
--	---	--	---------

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 J. B. Goodrich

Licensed Embalmer No. 3028

P. O. Address Quincy, 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.