

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28681

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3806

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City c. LENGTH OF STAY (In this place) 10 years

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

d. FULL NAME OF HOSPITAL OR INSTITUTION Sunnyrest Nursing Home

d. STREET ADDRESS (If rural, give location) 728 1/2 Main 31280

3. NAME OF DECEASED (Type or Print)
a. (First) Charley b. (Middle) E c. (Last) Hunter

4. DATE OF DEATH (Month) (Day) (Year)
Aug 1 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced

8. DATE OF BIRTH Dec 25 1880

9. AGE (In years last birthday) 72
IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Hickory Co. Mo

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Allen M. Hunter

13b. MOTHER'S MAIDEN NAME Emeline Dixon

14. NAME OF HUSBAND OR WIFE none

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. 510-14 5900

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jerry Hunter, Ochleata Kansas

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) Chronic Myocarditis
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
2 wks
6 wks
6 wks
443 X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-18, 1953 to 8-1, 1953, that I last saw the deceased alive on 8-1, 1953 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE D. M. Nigro (Degree or title) MD MD

23b. ADDRESS 1222 McGee

23c. DATE SIGNED 8-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Aug 3 1953

24c. NAME OF CEMETERY OR CREMATORY Lenexa

24d. LOCATION (City, town, or county) (State) Lenexa Kansas

DATE REC'D BY LOCAL REG. 8-1-53

REGISTRAR'S SIGNATURE Sheraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wilbur H. Hozi Overland Park Kans.

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

APR 23 84

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. Payne Hoge
.....

Licensed Embalmer No. 3579

P. O. Address Overland Park

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.