

FILED JAN 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41531

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 167

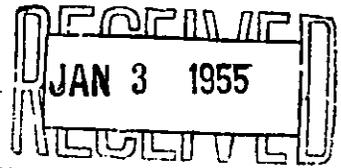
1. PLACE OF DEATH a. COUNTY <u>Johnson,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Green</u>	
b. CITY OR TOWN <u>Warrensburg,</u>	c. LENGTH OF STAY (in this place) <u>Transit</u>	c. CITY OR TOWN <u>Springfield, Mo.</u> <u>01396</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Warrensburg Medical Center,</u>		d. STREET ADDRESS (If rural, give location) <u>1927 Dollison St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>DERWIN</u> b. (Middle) <u>RAY</u> c. (Last) <u>HUNSBURGER,</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 24, 1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 13, 1916</u>
9. AGE (In years last birthday) <u>38</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad Painter.</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Canada,</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Hunsburger,</u>		13b. MOTHER'S MAIDEN NAME <u>Rose Armstrong</u>	14. NAME OF HUSBAND OR WIFE <u>Esther B. Hunsburger,</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>486-05-1655</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Esther Hunsburger, Springfield, Mo.</u> 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, asphyxia, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Head Injury</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 _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>High Way</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Elm</u> (COUNTY) <u>Johnson</u> (STATE) <u>Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec. 24, 1954 4:18:00</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Automobile Accident</u>
I hereby certify that I attended the deceased from <u>DOA</u> <u>19</u> , to <u>12-24</u> , 19 <u>54</u> , that I last saw the deceased <u>Dec. 24, 1954</u> <u>10:00 a.m.</u> , and that death occurred at <u>10:00 a.m.</u> , from the causes and on the date stated above.			
22a. SIGNATURE (Degree or title) <u>Keith D. Jones M.D.</u>		22b. ADDRESS <u>Warrensburg, Mo.</u>	22c. DATE SIGNED <u>12-26-54</u>
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	22b. DATE <u>12-28-1954</u>	22c. NAME OF CEMETERY OR CREMATORY <u>Mound Grove Cemetery,</u>	22d. LOCATION (City, town, or county) (State) <u>Independence, Missouri.</u>
DATE REC'D BY LOCAL REG. <u>Dec. 27, 1954</u>	REGISTRAR'S SIGNATURE <u>Savannah Hutchfield</u>	23. FUNERAL DIRECTOR'S SIGNATURE <u>R.A. Brauninger, Warrensburg, Mo.</u> ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

512
8

JAN 3 1955



JOHNSON COUNTY HEALTH DEPT.

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 R. W. Bauninger

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.