

FILED SEP 14 1955 THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26241  
Registrar's No. 3838

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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. CITY OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 3 YEARS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION PRINITY NORTHERN HOSPITAL		1. STREET ADDRESS (If rural, give location) 515 BALES AVENUE 209 1/2	
3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) M. c. (Last) HUNTER		4. DATE OF DEATH (Month) (Day) (Year) AUGUST 30 1955	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB 28 1924
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WAITRESS		9b. KIND OF BUSINESS OR INDUSTRY BELLS AT BALES	
10. AGE (In years last birthday) 31		11. BIRTHPLACE (City and State or Foreign Country) VINCENT ALABAMA	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME LEROY ABBOTT		13b. MOTHER'S MAIDEN NAME ALICE JONES	
14. NAME OF HUSBAND OR WIFE RUFUS L. HUNTER			
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. 420-24-225	
17. INFORMANT'S SIGNATURE OR NAME RUFUS L. HUNTER		ADDRESS 515 BALES AVE. KANSAS CITY, MO.	
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) Ovarian Cyst with Partial Intestinal Obstruction 14 da ANTECEDENT CAUSES DUE TO (b) General Peritonitis 3 days DUE TO (c) 110t 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 Bilateral Ovarian Cysts - Obstructed	
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 8-25 55 to 8-30 55, that I last saw the deceased alive on 8/30 1955 and that death occurred at 2:10 P.M., from the causes and on the date stated above 8-31-55			
23a. SIGNATURE (Degree or title) John H Ogilvie M.D.		23b. ADDRESS 224 1/2 ...	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE AUG 31 1955	
24c. NAME OF CEMETERY OR CREMATORY HARPERSVILLE CEMETERY		24d. LOCATION (City, town, or county) HARPERSVILLE ALABAMA	
DATE REC'D BY LOCAL REG 9-1-55		REGISTRAR'S SIGNATURE Vera Marshall	
25. FUNERAL DIRECTOR'S SIGNATURE W. H. Newcomer		ADDRESS 1231 BRUSH CREEK KANSAS CITY, MO.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
John H. Ogilvie

**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.....  
Signature of Student Embalmer

Signed *Jess T. Owens*.....

Licensed Embalmer No. *443*.....

P. O. Address *Homer*.....

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 embalmed by a **STUDENT**, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.