

FILED OCT 5 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32013**BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **152**

1. PLACE OF DEATH a. COUNTY JERSON Co		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jerson Co	
b. CITY (If outside corporate limits, write RURAL and give township) Merada mo.		c. CITY OR TOWN Walker mo	
c. LENGTH OF STAY (in this place) 2 day		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Merada City Hospital		STREET ADDRESS (If rural, give location) Rt 2.	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) LOTIS		b. (Middle) MARY	
c. (Last) HUNTER.		Date: Sept 24 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 3 1905
9. AGE (In years, last birthday) 50	IF UNDER 1 YEAR Month Days	IF UNDER 1 HRS. Hours Min.	12. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Jetmore Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Baugher		13b. MOTHER'S MAIDEN NAME Mrs. Nichl	
14. NAME OF HUSBAND OR WIFE John Hunter		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO. 446-28-2402		17. INFORMANT'S SIGNATURE OR NAME John Baugher, Walker 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.		19. DATE OF OPERATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 86 hours	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Left ventricular failure		DUE TO (b)	
DUE TO (c) a-v bloc 4201		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pericious anemia	
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 Aug 30, 1955 , to Sept 24, 1955 , that I last saw the deceased alive on Sept 24, 1955 , and that death occurred at 6:25 p.m. , from the causes and on the date stated above.	
23a. SIGNATURE John W. Baugher MD		23b. ADDRESS Merada mo	
23c. DATE SIGNED 9/26/55		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 9-27-55		24c. NAME OF CEMETERY OR CREMATORY Perry Okla	
24d. LOCATION (City, town, or county) (State) Perry Okla		25. FUNERAL DIRECTOR'S SIGNATURE Anna E. Perry	
DATE REC'D BY LOCAL REG. 9-26-1955		REGISTRAR'S SIGNATURE Anna E. Perry	
25. FUNERAL DIRECTOR'S SIGNATURE Anna E. Perry		ADDRESS Swain-Crother Funeral Home	

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

OCT 17 1957

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 *Floyd E. Crosthair*

Licensed Embalmer No. *447*

P. O. Address *El Dorado*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.