

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40646

FILED DEC 28 1955

State File No. **5293**
Registrar's No. **5293**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. 5293			
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) 35 yrs.		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lindemann N.H., 3537 Main				e. STREET ADDRESS (If rural, give location) 401 West 70th St.					
3. NAME OF DECEASED (Type or Print) a. (First) MAY			b. (Middle) S.		c. (Last) HUNTER		4. DATE OF DEATH (Month) (Day) (Year) Dec. 5, 1955		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, & WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH May 16, 1887		9. AGE (In years last birthday) 68	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (City and State or Foreign Country) Missouri			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME James E. Miller			13b. MOTHER'S MAIDEN NAME Margaret Minor			14. NAME OF HUSBAND OR WIFE A. S. 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. 195-10-31289		17. INFORMANT'S SIGNATURE OR NAME R.H. Nordeen			ADDRESS 401 West 70th, K.C. Mo.	
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c). <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aspiration pneumonia				INTERVAL BETWEEN ONSET AND DEATH	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Right acoustic nerve neuroma (surgery for).					
				DUE TO (c) Arteriosclerotic heart disease				225	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death									
19a. DATE OF OPERATION Oct 8, 1955		19b. MAJOR FINDINGS OF OPERATION Right acoustic nerve neuroma						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 July 20, 1955 , to Dec 4, 1955 , that I last saw the deceased alive on Dec 4, 1955 , and that death occurred at 12:15 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE R. W. Butcher (Degree or title) MD				23b. ADDRESS 1805 East 80th Kansas City, Mo.			23c. DATE SIGNED DEC 5, 1955		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/6/55		24c. NAME OF CEMETERY OR CREMATORY Mt. Washington		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri			
DATE REC'D BY LOCAL REG. 12-6-55		REGISTRAR'S SIGNATURE neva minshall			25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE UND. CO.		ADDRESS K.C.MO.		

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

Ernest W. Butcher
1805 E. 20th
be 3-0600

Exp 12:45

After 12 Noon today

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 *Elmer D. Fiskell*.....

Licensed Embalmer No. *4811*.....

P. O. Address *Kansas City*.....

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.