

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21613**

FILED JUL 16 1956

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **305-8** Registrar's No. **181**

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. CITY OR TOWN St. Charles	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) Life		e. STREET ADDRESS (If rural, give location) 207 Houston St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 207 Houston St.			

3. NAME OF DECEASED (Type or Print)	a. (First) ANNA	b. (Middle) E	c. (Last) HUNTER	4. DATE OF DEATH (Month) (Day) (Year) July 10, 1956
-------------------------------------	------------------------	----------------------	-------------------------	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 2, 1881	9. AGE (In years last birthday) 75	If under 1 year: Months 6 Days 9	If under 12 hrs. Hours Min.
----------------------	-------------------------------	---	--------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) St. Charles County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S. A.
--	---	---	---

13a. FATHER'S NAME George Dingledine	13b. MOTHER'S MAIDEN NAME Mary Stephens	14. NAME OF HUSBAND OR WIFE Warren 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. None	17. INFORMANT'S SIGNATURE OR NAME Mr. Warren Hunter, St. Charles, Mo.	ADDRESS St. Charles, 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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary infarction		Immediate
	ANTECEDENT CAUSES DUE TO (b) Coronary artery disease DUE TO (c) Arteriosclerotic cardio vascular disease.		4 mo. 5 yrs.
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

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)	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) (Min.)	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 **9-16-49**, 19____, to **7-10**, 19**56**, that I last saw the deceased alive on **7-10**, 19**56**, and that death occurred at **9:50 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M.D.	23b. ADDRESS M.D. 114 N. Main St., St. Chas., Mo.	23c. DATE SIGNED 7-13-56
---	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 13, 1956	24c. NAME OF SEMETERY OR CREMATORY Oak Grove Cemetery	24d. LOCATION (City, town, or county) (State) St. Charles, Mo.
---	--------------------------------	--	---

DATE REC'D BY LOCAL REG. July 13 1956	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS St. Charles, Mo.
--	--	---

(Licensed Embalmer's Statement on Reverse Side)

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

284

OCT 17 1956

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 *Clarence M. Bills*.....

Licensed Embalmer No. *4375*.....

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