

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34746**

FILED OCT 17 1956

BIRTH NO. _____ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **5725** Registrar's No. **197**

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

I. PLACE OF DEATH a. COUNTY Macon Co b. CITY OR TOWN LaPlata Twp, H4542 c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION Mason Det Home Macon Co		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Macon c. CITY OR TOWN LaPlata d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Milton c. (Last) Hunsaker		4. DATE OF DEATH (Month) (Day) (Year) Oct 8-1956	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED never married	8. DATE OF BIRTH 3-30-1874
9. AGE (In years) (Months) (Days) 82 6 8		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer	
10b. KIND OF BUSINESS OR INDUSTRY for self		11. BIRTHPLACE (City and State or Foreign Country) Kno Co, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Joseph E R Hunsaker		13b. MOTHER'S MAIDEN NAME Catherine Webb	
14. NAME OF HUSBAND OR WIFE none		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) no 16. SOCIAL SECURITY NO. no	
17. INFORMANT'S SIGNATURE OR NAME W. K. Jerman		ADDRESS LaPlata 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis 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 332X	
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) (m.) _____		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 Jan 1, 1952, to Oct 8, 1956, that I last saw the deceased alive on Oct 8, 1956, and that death occurred at 12:30 a.m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Harold D. Lohr D.D.		23b. ADDRESS La Plata Mo	
23c. DATE SIGNED 10-8-56		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Oct-10-56		24c. NAME OF CEMETERY OR CREMATORY Bell Cemetery	
24d. LOCATION (City, town, or county) (State) Macon Co, Mo in Co, MO		25. FUNERAL DIRECTOR'S SIGNATURE H. S. Christie	
DATE REC'D BY LOCAL REG. 10/9/56		REGISTRAR'S SIGNATURE Ruth M. Neely	
ADDRESS LaPlata Mo		26. LICENSED EMPALMER'S STATEMENT ON REVERSE SIDE	

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RECEIVED 10.15.56
MACON COUNTY HEALTH DEPARTMENT
County File No. 10.56.150
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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 *D.S. Christie*.....

Licensed Embalmer No. 1108

P. O. Address *LaPlato*

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.