

Health, Welfare, Public Service

300 1-56

Use only standard nomenclature in item 10. No symptoms write as listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

FILED OCT 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36864

STATE FILE NUMBER

Registration District No. 375 Primary Registration District No. 45-3 Registrar's No. 177

1. PLACE OF DEATH a. COUNTY WRIGHT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY WRIGHT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pleasant Valley Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN MANSfield Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt 1 Length of stay in lb 10 yrs.		d. STREET ADDRESS (If outside, give location) Rt 1 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First MARY Middle ELLEN Last ESRY			4. DATE OF DEATH Month Sept. Day 3 Year 1956		
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 23, 1903	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months 5 Days 2 Hours 52 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Domestic		11. BIRTHPLACE (City and state or country) Story County Iowa	
13. FATHER'S NAME WALTER HUNGATE			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
14. MOTHER'S MAIDEN NAME EVA BUTTOW			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) NO		
16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT FRANK ESRY Address MANSfield, Mo.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage.		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertension		
DUE TO (c) arteriosclerosis.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. Month Day Year 1956		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION MANSfield COUNTY MO. STATE MO.
21. I attended the deceased from Aug 19 - 56 to Sept 3 1956 and last saw her alive on Aug 27 - 1956 Death occurred at 3:45 PM on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE W. G. Gummie (Degree or title) D.O.		22b. ADDRESS MANSfield Mo.	22c. DATE SIGNED 9-12-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 9 - 1956	23c. NAME OF CEMETERY OR CREMATORY MANSfield	23d. LOCATION (City, town, or county) (State) MANSfield MO.

24. FUNERAL DIRECTOR Max J. Miller ADDRESS MANSfield Mo.	25. DATE RECD. BY LOCAL REG. 10/14/56	26. REGISTRAR'S SIGNATURE W. G. Gummie
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(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

4-1

RECEIVED 10-22-56
WRIGHT CO. HEALTH DEPT.
County File Number 1056-102
Date Filed 10-27-56

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Max L Miller*.....

Licensed Embalmer No. *4?*

P. O. Address *Manjue*

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.