

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37101**

FILED DEC 3 1956

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1260**

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

1. PLACE OF DEATH a. COUNTY Buchanan Co.			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Gentry		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Joseph		c. LENGTH OF STAY (in this place) 3 Month	c. CITY OR TOWN King 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 HOSPITAL OR INSTITUTION Wyatt Park Nursing Home			e. STREET ADDRESS (If rural, give location) 20381		
3. NAME OF DECEASED (Type or Print) a. (First) Lucy		b. (Middle) Ann	c. (Last) Hunsucker	4. DATE OF DEATH (Month) (Day) (Year) 11.21.1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 10.11.1873	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR (Month) (Day) (Year) 1 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (City and State or Foreign Country) King City Mo		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Samuel C. Hunsucker	
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 ADDRESS Herschel Hunsucker, Maysville 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES DUE TO (b) Cerebral arteriosclerosis <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Arteriosclerotic Heart Disease			INTERVAL BETWEEN ONSET AND DEATH 2 weeks Unknown 1 year
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)		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 20, 1956 , to 11.21.1956 , that I last saw the deceased alive on November 10, 1956 , and that death occurred at 8: P. m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Allen L. Striman M.D.			23b. ADDRESS 706 Francis St. City		23c. DATE SIGNED Nov 24, 1956
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11.21.1956	24c. NAME OF CEMETERY OR CREMATORY Winslow		24d. LOCATION (City, town, or county) (State) King City Mo.
DATE REC'D BY LOCAL REG. Nov 29, 1956		REGISTRAR'S SIGNATURE Evelyn M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R.A. Taggart - King City Mo	

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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 *George Murphy*.....

Licensed Embalmer No. *475*.....

P. O. Address *St. Joseph*.....

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.