

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37268**

FILED DEC 10 1956

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>Boone County GIRARDEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ill</u> <u>Alexander</u>	
b. CITY OR TOWN <u>Boone Girardeau</u>		c. LENGTH OF STAY (in this place) <u>4 hrs</u>	c. CITY OR TOWN <u>Boone</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Francis Hosp't</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>None</u> <u>612⁰ 9</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rose</u> b. (Middle) <u>Cruck</u> c. (Last) <u>Hunsaker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 1st 1956</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 15-1901</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Wm. Kelley</u>	13b. MOTHER'S MAIDEN NAME <u>Marietta Blodow</u>	14. NAME OF HUSBAND OR WIFE <u>Joe Hunsaker</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Joe Hunsaker</u>
		ADDRESS <u>Boone Ill</u>

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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intentional Abduction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>6 mos.</u> <u>2 yrs</u>
	* ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Melan Carcinomatosis</u>		
	DUE TO (c) <u>Squamous Cell Carcinoma of Cervix</u>		
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	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) <u>171X</u>
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 3/18, 1955, to 12/1, 1956, that I last saw the deceased alive on 12/1, 1956, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Carl B. [Signature]</u>	23b. ADDRESS <u>Boone, Mo</u>	23c. DATE SIGNED <u>12/5/56</u>
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 8-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hutchison Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Boone Ill</u>
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DATE REC'D BY LOCAL REG. <u>12-7-56</u>	REGISTRAR'S SIGNATURE <u>C. C. [Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank A. Karcher</u>	ADDRESS <u>Boone Ill</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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