

FILED FEB 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3918

State File No.

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>3 mi east Williamsburg</u>)	c. LENGTH OF STAY (in this place) <u>5 we</u>	c. CITY OR TOWN <u>Rural Mineola</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Callaway County Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>none</u>	

3. NAME OF DECEASED (Type or Print) <u>Lizzie</u>	a. (First) <u>L</u>	b. (Middle) <u>C</u>	c. (Last) <u>Hunley</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2-21-57</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>5-2-1874</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>North Carolina</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>			

13a. FATHER'S NAME <u>Samuel Carter</u>	13b. MOTHER'S MAIDEN NAME <u>Lucy Heggie</u>	14. NAME OF HUSBAND OR WIFE <u>Rev R.W. Hunley "Decd"</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Chas Hopper Williamsburg Mo</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 months</u> <u>years</u> <u>1-2 months</u> <u>years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Blad bladder</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chron cholecytitis + cholelithiasis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>chronic myocarditis due to arteriosclerosis</u>			

19a. DATE OF OPERATION <u>2/21/57</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Blad bladder as a result of a chronic cholecytitis + cholelithiasis</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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>Fulton Mo. 2</u>
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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?
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22. I hereby certify that I attended the deceased from 1/17, 1957, to 2/21, 1957 that I last saw the deceased alive on 2/20, 1957, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Henry D. D.</u>	23b. ADDRESS <u>Fulton Mo.</u>	23c. DATE SIGNED <u>2/23/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-24-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Nettle Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Near Williamsburg Mo</u>
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DATE REC'D BY LOCAL REG. <u>Feb 23-1957</u>	REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>	25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lawrence C. Massius MONTGOMERY CITY MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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, ~~on~~ on the 21st of Feb. 1957..... Student Embalmer No.....
working under my personal supervision..

C. W. Hopkins

Student.....
Signature of Student Embalmer

Signed..... 

Licensed Embalmer No. 1487

Montgomery City Mo.
P. O. Address.....

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.