

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16822**

FILED MAY 27 1957

BIRTH NO. _____ REG. DIST. NO. **133** PRIMARY REG. DIST. NO. **3022** Registrar's No. **3**

1. PLACE OF DEATH a. COUNTY HARRISON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY HARRISON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bethany	c. LENGTH OF STAY (in this place) 6 WKS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eagleville	
d. FULL NAME OF HOSPITAL OR INSTITUTION Noll Hospital		d. STREET ADDRESS (If rural, give location) NONE	

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) LINVILLE c. (Last) HUNSICKER			4. DATE OF DEATH (Month) (Day) (Year) MAY 18, 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH July 22, 1877	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) HARRISON Co. Mo		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Charles B Hunsicker		13b. MOTHER'S MAIDEN NAME Jemima Loy		14. NAME OF HUSBAND OR WIFE Flossie J. Hunsicker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Flossie J. Hunsicker Eagleville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIAC INSUFFICIENCY		INTERVAL BETWEEN ONSET AND DEATH MONTHS
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE YEARS		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ARTERIOULAR NEPHROSCLEROSIS YEARS		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200	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) (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 **APRIL 4, 1957**, to **MAY 18, 1957**, that I last saw the deceased alive on **MAY 17, 1957**, and that death occurred at **5:05 Am.**, from the causes and on the date stated above.

23a. SIGNATURE Albert D. Ribbe (Degree or title) M.D.		23b. ADDRESS Box 33 Bethany, Mo.		23c. DATE SIGNED MAY 21, 1957
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE MAY 21, 1957	24c. NAME OF CEMETERY OR CREMATORY MASSONIC Cemetery	24d. LOCATION (City, town, or county) (State) Eagleville, Mo.	

DATE REC'D BY LOCAL REG. 5-22-57	REGISTRAR'S SIGNATURE Gella Macey	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gerald W. Bonggen Eagleville, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

547
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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
Student Embalmer

Signed

Araed W. Boggers

Licensed Embalmer No.

4762

P. O. Address

Eagleville, Mo.

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 this body is not embalmed, fact should be so stated above.