

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **44418**  
**5767**

FILED DEC 30 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY OR TOWN <b>Kansas city</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas city</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Research Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>7607 Jefferson</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Nellie</b> b. (Middle) <b>C.</b> c. (Last) <b>Hunter</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 6 1957</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Jan 8 1893</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Knobnoster Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
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13a. FATHER'S NAME <b>John Mc Grath</b>		13b. MOTHER'S MAIDEN NAME <b>Etta Donnelly</b>		14. NAME OF HUSBAND OR WIFE <b>Earl Hunter</b>	
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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) <b>no.</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Earl Hunter - Kansas city mo</b>		ADDRESS	
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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) <b>Carcinomatous, Generalized</b>				INTERVAL BETWEEN ONSET AND DEATH <b>weeks.</b>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma, Squamous cell - Vaginal Vault</b>				<b>2 yrs.</b>	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>1767</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 **26 April, 1957**, to **5 Dec, 1957**, that I last saw the deceased alive on **3 Dec, 1957**, and that death occurred at **6:20** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>H Wallace H. Graham, M.D.</b>		23b. ADDRESS <b>518 Argyle Bldg.</b>		23c. DATE SIGNED <b>6 Dec. 1957</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Dec 9 '57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Knobnoster mo</b>		24d. LOCATION (city, town, or county) (State)	
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DATE REC'D BY LOCAL REG. <b>12-6-57</b>		REGISTRAR'S SIGNATURE <b>neva minshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wilbert N Hoge</b>		ADDRESS <b>Overland Park, Mo</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Wallace H. Graham



**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

*J. Royce Hoag*

Licensed Embalmer No. *3579*

P. O. Address *Wilsons Park, Pa.*

**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.