

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44902

State File No. _____

FILED JAN 6 1958

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Cook	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Edina		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chicago	
d. FULL NAME OF HOSPITAL OR INSTITUTION Gibson Hosp. & Clinic		d. STREET ADDRESS (If rural, give location) 1829 Touhy Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) Edward L. b. (Middle) Hunolt c. (Last) Hunolt			4. DATE OF DEATH (Month) (Day) (Year) 12-27-1957		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-2-1871	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY (Report) Construction	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME Antone Hunolt	13b. MOTHER'S MAIDEN NAME Mary A. Glahn	14. NAME OF HUSBAND OR WIFE Nellie (Nelson) Hunolt
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 340-14-7752	17. INFORMANT'S SIGNATURE OR NAME Tom Hunolt	ADDRESS Edina, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sepsis		INTERVAL BETWEEN ONSET AND DEATH few hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ectasia and Bronchopneumonia		
	DUE TO (c) Carcinoma of the Larynx		
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? 2 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) 161X
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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 Dec 22, 1957, to Dec. 27, 1957, that I last saw the deceased alive on Dec. 27, 1957, and that death occurred at 12:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. H. Gibson, D.D.	23b. ADDRESS Edina, Mo.	23c. DATE SIGNED Dec. 28, 1957
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-28-1957	24c. NAME OF CEMETERY OR CREMATORY St. Josephs New Cath.	24d. LOCATION (City, town, or county) (State) Edina, Missouri
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DATE REC'D BY LOCAL REG. Dec. 31-57	REGISTRAR'S SIGNATURE Nelle L. Hunolt	25. FUNERAL DIRECTOR'S SIGNATURE Paul C. Kieghauer	ADDRESS Edina Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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

Paul C. Kriehauser

Licensed Embalmer No.

4085

P. O. Address

Edina 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.