Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-006764
STATE FILE NUMBER

FILED MAR 4 - 1958

Registration District No. 277 Primary Registration District No. 4411 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY Pike
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bowling Green — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pike Co Rest Home — Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Pike
c. CITY OR TOWN Eolia — Inside Limits Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location) 5820 — Beside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First: Angie Middle: Lera Last: Hunter

4. DATE OF DEATH Month: Feb Day: 21 Year: 1958

5. SEX Female
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH May 14 1878
9. AGE (In years last birthday) 79 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Eolia Mo
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Wm D. Atkins
13b. MOTHER'S MAIDEN NAME Mary F. Johnson
14. NAME OF HUSBAND OR WIFE S. S. Hunter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Hubert Welch (Address) Clarksville Mo

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary and Renal Insufficiency.	June 1957 to Feb. 21-58
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Progressive Cardiac Decompensation.	
DUE TO (c)	Senile Arteriosclerosis.	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 15-'57 to Feb. 21-1958 I last saw her alive on Feb. 3rd. 1958
Death occurred at 2:00 PM 2-21-'58 on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ralph L. Hayden (Degree or title) D.O.
22b. ADDRESS 519 West Main, Bg. Missouri
22c. DATE SIGNED 2-27-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Feb 23 1958
23c. NAME OF CEMETERY OR ~~CREMATORY~~ Eolia
23d. LOCATION (City, town, or county) Eolia (State) Mo

24. FUNERAL DIRECTOR Isaac Bankhead ADDRESS Bowling Green Mo
25. DATE RECD. BY LOCAL REG. 3-1-58
26. REGISTRAR'S SIGNATURE Bill Robinson

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be issued. All diseases in Part I must be causally related.

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 .....
Signature of Student Embalmer

Signed Harold C. Kirk

Licensed Embalmer No. 4597

P. O. Address Bowling Gr 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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