

FILED MAY 2 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-015010  
STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 4320 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Palmyra</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Palmyra</u> 0649 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>202 N. Spring</u>		Length of stay in lb <u>5 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>202 N. Spring</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>James Franklin Hunsaker</u>			4. DATE OF DEATH Month Day Year <u>April 7, 1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Caucasian</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 29, 1864</u>
9. AGE (In years last birthday) <u>93</u>		FUNDER 1 YEAR Months <u>8</u> Days <u>8</u> Hours <u></u> Min. <u></u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming (Retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Novelty, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Andrew Hunsaker</u>	
13b. MOTHER'S MAIDEN NAME <u>Susan Hunsaker</u>		14. NAME OF HUSBAND OR WIFE <u>Sarah Hunsaker (deceased)</u>	
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>-----</u>	17. INFORMANT Address <u>Obay Hunsaker, Palmyra, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Senility</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cerebral vascular disease</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>April 6, 1958</u> to <u>April 7, 1958</u> and last saw her alive on <u>April 7, 1958</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Donald W. Glasgow M.D.</u>		(Degree or title)	22b. ADDRESS <u>P.O. Box 392, Palmyra, Mo.</u>
			22c. DATE SIGNED <u>April 19, 1958</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>April 9, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Newark Cemetery</u>
			23d. LOCATION (City, town, or county) (State) <u>Newark, Missouri</u>
24. FUNERAL DIRECTOR <u>Barkeley &amp; Davis - Shelbina, Mo.</u>		ADDRESS <u>4-26-58</u>	25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE <u>Dr. E. M. Ducke</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300  
-57

40

All diseases in Part I must be causally related.

RECEIVED MAY 1 1958  
MARION CO. HEALTH DEPT.  
DATE FILED MAY 1 1958

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 John F. Byrd, Student Embalmer No. 554 working under my personal supervision.

Student John F. Byrd Signed Henry A. Russell  
Signature of Student Embalmer  
Licensed Embalmer No. 3835  
P. O. Address Shelburne - 2

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.