

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022203
STATE FILE NUMBER

FILED JUL 8 1958 Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 19

S. 300
1-57

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Grandview | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Grandview 700 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1101 Jones St | | Length of stay in lb 8 mos | d. STREET ADDRESS (If outside, give location) 1101 Jones St Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Martha Ann Middle Hunter Last Hunter | | | 4. DATE OF DEATH Month 6 Day 25 Year 58 | | |
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| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 4-18 1864 | 9. AGE (In years last birthday) 94 | FUNDER 1 YEAR Months 6 Days 25 Hours 58 | IF UNDER 24 HRS. Hours 58 Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY At Home | 11. BIRTHPLACE (City and state or country) Somerset County Penn. | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME John Durst | 13b. MOTHER'S MAIDEN NAME Sarah Faust | 14. NAME OF HUSBAND OR WIFE - - - |
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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) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Address Mrs. M.S. Case, 1101 Jones, Grandview, Mo. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDITIS, CHRONIC | | INTERVAL BETWEEN ONSET AND DEATH 6 Mo. |
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| DUE TO (b) SENILITY | | |
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| DUE TO (c) GENERAL DEBILITY 4201 | | |
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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ① Coronary Occlusion, Acute, 1 month. ② Cerebrovascular Accident, 1 month. | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 |
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| 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.) No INJURY |
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| 20c. TIME OF INJURY Hour 3:30 Month JAN. Day 13 Year 1958 p.m. | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) JAN. 13, 1958, 10 3:30 P.M. | 20f. CITY, TOWN, OR LOCATION GRANDVIEW | COUNTY JACKSON | STATE MISSOURI |
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| 21. I attended the deceased from Death occurred at 3:30 P.M. on JAN. 13, 1958 and last saw her alive on June 23, 1958. | |
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| 22a. SIGNATURE (Degree or title) Herbert A. Dray, M.D. | 22b. ADDRESS Belton, Missouri | 22c. DATE SIGNED 6-25-58 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 6-25-58 | 23c. NAME OF CEMETERY OR CREMATORY Sabetha Cemetery | 23d. LOCATION (City, town, or county) (State) Sabetha, Kansas |
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| 24. FUNERAL DIRECTOR ADDRESS E.K. George & Sons Inc, Grandview MO | 25. DATE RECD. BY LOCAL REG. 6/25/58 | 26. REGISTRAR'S SIGNATURE Herbert A. Dray |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 Richard E. George

Licensed Embalmer No. 3958

P. O. Address Beltway, 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.