

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023049
STATE FILE NUMBER

FILED JUN 24 1958 Registration District No. 316 Primary Registration District No. 6070 Registrar's No. 230

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>None</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Liberty Twp.</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb STREET ADDRESS (If outside, give location) <u>216 1/2 3725A Wyoming</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Bobby Joe Hundhausen</u>			4. DATE OF DEATH Month Day Year <u>June 13, 1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 11, 1940</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>High School</u>	11. BIRTHPLACE (City and state or country) <u>Tyler, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Otto Hundhausen</u>	
13b. MOTHER'S MAIDEN NAME <u>Marie Forsythe</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT <u>Otto Hundhausen</u> Address: <u>3725 Wyoming St. Louis, Missouri</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>accidental Drowning</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>9298</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
DUE TO (c) <u>42</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
20a. ACCIDENT <input checked="" 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.) <u>drowned while swimming</u>	
20c. TIME OF INJURY <u>12:45 p.m.</u> Hour Month, Day, Year <u>6/13/58</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> <u>Private lapse</u>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Private lapse</u>		20f. CITY, TOWN, OR LOCATION <u>Liberty Twp.</u>	COUNTY STATE <u>St. Francois MO.</u>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Bert J. Miller</u> (Degree or title) <u>Coroner</u>		22b. ADDRESS <u>Farmington, Mo.</u>	22c. DATE SIGNED <u>6/15/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>June 16, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Zion Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Steele, Missouri</u>
24. FUNERAL DIRECTOR <u>I.S. Smith Funeral Home Caruthers-</u>		25. DATE RECD. BY LOCAL REG. <u>June 15, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Ether Redloff</u>

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.

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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 *Paul K. Deziel* _____

Licensed Embalmer No. 4120

P. O. Address *Farmington, Me*

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.