

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028679
STATE FILE NUMBER

FILED AUG 25 1958 Registration District No. 101 Primary Registration District No. 5403 Registrar's No. 39

300
1-57

1. PLACE OF DEATH a. COUNTY Douglas			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Texas		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rt. 1, Cabool, Clinton		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Rt. 1, Cabool 1070		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb 17 yrs.	d. STREET ADDRESS (If outside, give location) 7 mi. South Cabool		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ANNIE Middle ELIZA Last HUNNICUTT			4. DATE OF DEATH Month 7 Day 27 Year 58		
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-16-1880	9. AGE (In years last birthday) 78	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) housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Brandon, Texas		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME James Brumley		13b. MOTHER'S MAIDEN NAME Sarah Alice		14. NAME OF HUSBAND OR WIFE Alice Simon Messenger, Crane, Texas	
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 Alice Simon Messenger, Crane, Texas		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction				INTERVAL BETWEEN ONSET AND DEATH 72 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 4201					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2					
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 _____ a.m. _____ p.m.					
20d. INJURY OCCURRED WHILE AT <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 7/24/58 , to 7/27/58 and last saw her alive on 7/27/58 Death occurred at 1:40 a m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Garrett Hogg (Degree or title)		22b. ADDRESS Cabool mo		22c. DATE SIGNED 7/28/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7-30-58		23c. NAME OF CEMETERY OR CREMATORY San Marcos	
				23d. LOCATION (City, town, or county) (State) San Marcos, Texas	
24. FUNERAL DIRECTOR Elliott-Gentry, Cabool, Missouri		25. DATE RECD. BY LOCAL REG. Aug 21 - 58		26. REGISTRAR'S SIGNATURE Wesley Bushman	

MEDICAL CERTIFICATION
Garrett Hogg

All diseases in Part I must be causally related.

AUG 25 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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *James L. Denton*
Licensed Embalmer No. *4718*
P. O. Address *Calver, Md.*

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.