

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001353

STATE FILE NUMBER
275

FILED JAN 28 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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 KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSP.		Length of stay in hospital 41 YEARS	d. STREET ADDRESS (If outside, give location) 120 NORTH BALES		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last FRANK R HUNTER, SR			4. DATE OF DEATH Month Day Year JAN. 12-1959		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 26-1891		9. AGE (In years last birthday) 67 7/7 IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED ENGINEER		10b. KIND OF BUSINESS OR INDUSTRY SPEARS CO.		11. BIRTHPLACE (City and state or country) MORSE, KANSAS	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JAMES HUNTER		13b. MOTHER'S MAIDEN NAME ELLA COULTER	
14. NAME OF HUSBAND OR WIFE CLARA B. HUNTER		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. 486-01 4637	
17. INFORMANT Address Mrs. CLARA B. HUNTER 120 NORTH BALES AVE. KANSAS CITY MISSOURI		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute left Anterior Coronary		INTERVAL BETWEEN ONSET AND DEATH 4 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) premature Coronary occlusion		DUE TO (c) Infarcted Subarum Opt on both		pain 1 week.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis		19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 NOT WHILE AT WORK <input type="checkbox"/> 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 1-12-59 to 1-12-59 and last saw him alive on 1-12-59 Death occurred at 7:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE John T. Skinner MD (Degree or title)			22b. ADDRESS 1107 Grand St. CMU		22c. DATE SIGNED 1-13-59
23a. BURIAL CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JAN. 15, 1959	23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY		23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR D.W. New COMERS SONS-KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 1-15-59		26. REGISTRAR'S SIGNATURE New, Trinehall	

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
John T. Skinner
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 *Kenneth W. Johnson*

Licensed Embalmer No. *4889*

P. O. Address *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.