

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009468

STATE FILE NUMBER

1134

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

MAR 10 1959

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		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. MARYS HOSP.		d. STREET ADDRESS (If outside, give location) 301 NORTH GLADSTONE	
Length of stay in lb. 35 years		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last BEATRICE M HUNTER			4. DATE OF DEATH Month Day Year FEB. 27-1959		
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5. SEX FEMALE	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 Sept. 2, 1900	9. AGE (In years last birthday) 58	10. FUNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor U.S. Epperson Underwriters	10b. KIND OF BUSINESS OR Co. INDUSTRY U.S. Epperson Underwriters	11. BIRTHPLACE (City and state or country) DuQuoin, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Joseph Negri	13b. MOTHER'S MAIDEN NAME Eugenia Guillou	14. NAME OF HUSBAND OR WIFE HAROLD HUNTER
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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. 495-03-8995	17. INFORMANT Harold Hunter - Kansas City, Mo. Address 301 North Gladstone
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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) BRONCHIOGENIC CARCINOMA DUE TO (b) Multiple Metastases DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 3 Weeks
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 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 g.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.) Kansas City Jackson Mo	20f. CITY, TOWN, OR LOCATION COUNTY STATE Kansas City Jackson Mo
21. I attended the deceased from Feb. 1, 1959 to Feb. 27, 1959 and last saw her alive on Feb. 27, 1959. Death occurred at 5 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE K. L. Shireman (Degree or title)	22b. ADDRESS 4606 St John KCMo	22c. DATE SIGNED 2-28-59
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23a. BURIAL CREMATION, REMOVAL (Specify) Burial	23b. DATE March 2, '59	23c. NAME OF CEMETERY OR CREMATORIAL BLDG. Buckner Cemetery	23d. LOCATION (City, town, or county) (State) Buckner Missouri
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24. FUNERAL DIRECTOR D.W. NEWCOMERS SONS - KANSAS CITY, MO.	25. DATE RECD. BY LOCAL REG. 3-2-59	26. REGISTRAR'S SIGNATURE Neva Minshall
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(Licensed Embolmer's Statement on Reverse Side)

All diseases in Part I must be causally related.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 MEDICAL CERTIFICATION  
 K. L. Shireman

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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 *Bern Fowler* .....

Licensed Embalmer No. *4915* .....  
P. O. Address *MC 240* .....

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.