

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018408

STATE FILE NUMBER

89,

FILED JUN 1 1959 Registration District No. 200 Primary Registration District No. Registrar's No.

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>	
b. CITY OR TOWN <u>Macon Hudson</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Callao</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lakeview Rest Home 89</u>		d. STREET ADDRESS (If outside, give location) <u>0610</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Dora</u> Middle <u>Ellen</u> Last <u>Hanter</u>			4. DATE OF DEATH Month <u>4</u> Day <u>20</u> Year <u>59</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>3-17-61</u>	9. AGE (In years last birthday) <u>98</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and state or country) <u>Callao Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Allen Wright</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Humphrey</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT <u>Ernest Hunter Callao</u> Address	

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>Uremia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 wks</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Prolonged recumbrancy</u>			<u>3 yrs</u>
	DUE TO (c) <u>Fractured left hip</u>			<u>3 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <u>962X</u> <u>45</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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>patient fell from chair at Lakeview Resthome</u>	
20c. TIME OF INJURY . Hour Month, Day, Year o.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 <u>Callao</u> <u>Macon</u>	COUNTY <u>Macon</u>	STATE <u>Mo.</u>
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21. I attended the deceased from 12-28-56 to 1-19-59 and last saw her/him alive on 1-19-59
Death occurred at 6:00 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>A. L. Surden</u> (Degree or title) <u>D.O.</u>	22b. ADDRESS <u>Macon, Missouri</u>	22c. DATE SIGNED <u>5-22-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>4-22-59</u>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <u>CONCORD PGM</u>	23d. LOCATION (City, town, or county) (State) <u>Callao Mo</u>
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24. FUNERAL DIRECTOR <u>W. E. Johnson</u>	ADDRESS <u>Bevier</u>	25. DATE RECD. BY LOCAL REG. <u>5/23/59</u>	26. REGISTRAR'S SIGNATURE <u>Ruth M Neely</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

Date Filed 5-29-59

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 *H. J. Edwards*

Licensed Embalmer No. 1961
P. O. Address *Beverly, 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.