

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041405

FILED VS. DEC 8 1959

310

Registration District No. _____ Primary Registration District No. **3058** Registrar's No. **288**

STATE FILE NUMBER

UNRECORDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY St Charles		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Charles		c. CITY OR TOWN St Charles		d. STREET ADDRESS (If outside, give location) 1101 Pike St	
Length of stay in 1b 10 yrs		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Reside on Farm <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. NAME OF DECEASED (Type or print) First Cora Middle E. Last Hunter				4. DATE OF DEATH Month Nov. Day 28 Year 1959			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/30/1883	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) St Charles Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John H. Meadows			13b. MOTHER'S MAIDEN NAME Nancy Cox		14. NAME OF HUSBAND OR WIFE William 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. 493-09-5701		17. INFORMANT Address Mrs June Miller St Charles Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) _____							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Heart Collapse, died in sleep.				Sudden	
DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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. Month, Day, Year _____							
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY _____	STATE _____
21. I attended the deceased from one o'clock Nov 28 59 to 1:30 pm Nov 29 59 and last saw her alive on 29 this date. Death occurred at 3:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated Nov 28 59							
22a. SIGNATURE William C. Wilson D.O. (Degree or title)				22b. ADDRESS 4019 Kingshighway St Charles Mo		22c. DATE SIGNED Nov 29 59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/1/59		23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		23d. LOCATION (City, town, or county) (State) St Charles Mo	
24. FUNERAL DIRECTOR Arthur C Baue St Charles Mo ADDRESS				25. DATE RECD. BY LOCAL REG. Nov. 30. 59		26. REGISTRAR'S SIGNATURE Marcella Wilson	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 David P. Crave

Licensed Embalmer No. 5060

P. O. Address St. Charles

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.