

AMENDED		Registration District No. 137		Primary Registration District No.		Registrar's No. 38		STATE FILE NUMBER	
FILED VS MAR 6 1961									
1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)				
a. COUNTY Henry					a. STATE Mo. b. COUNTY Henry				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor Mo.				Length of stay in 1b 15 Yrs.	c. CITY OR TOWN Windsor Mo.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.F.D. 4				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.F.D. #4			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)					4. DATE OF DEATH				
First Middle Last Louise Hunter					Month Day Year Feb. 21, 1961				
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 2-11-1886		9. AGE (last birthday) 75	
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) Smithville Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME George Gentry				13b. MOTHER'S MAIDEN NAME Nonnie Irvin		14. NAME OF HUSBAND OR WIFE Charles 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. 500-03-2449		17. INFORMANT Charles Hunter Windsor Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))									
PART I. DEATH WAS CAUSED BY:									
IMMEDIATE CAUSE (a) Circulatory Collapse Instant									
DUE TO (b) Ventricular Flutter Instant									
DUE TO (c) Arteriosclerotic Heart Disease 20 yrs									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)									
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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 Sept 1957 to 21 Feb 1961 and last saw her alive on 20 Feb 1961									
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 (Signature or title) William J. Smith MD				22b. ADDRESS Windsor, Mo.				22c. DATE SIGNED 2/23/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-23-61		23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery		23d. LOCATION (city, town, or county) Kansas City		Mo.	
24. FUNERAL DIRECTOR Ellis M. Huston		ADDRESS Windsor Mo.		25. DATE RECD. BY LOCAL REG. Mar-1-1961		26. REGISTRAR'S SIGNATURE Mildred Bigum			

**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

*Ellis M. Houston*

Licensed Embalmer No. *3391*

P. O. Address *Windsor 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.