

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020214

STATE FILE NUMBER

AMENDED

Registration District No. 374 Primary Registration District No. 6275 Registrar's No. 10

FILED MAY 16 1961

1. PLACE OF DEATH a. COUNTY <b>Worth</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Worth</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Smith Township</b>		c. CITY OR TOWN <b>Allendale</b>	
Length of stay in 1b <b>14 years</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1/2 mi east of Allendale</b>		d. STREET ADDRESS (If outside, give location) <b>1/2 mi east of Allendale</b>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Fred</b> Middle <b>Franklin</b> Last <b>Hunsaker</b>		4. DATE OF DEATH Month <b>May</b> Day <b>8</b> Year <b>1961</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>January 14, 1882</b>
9. AGE (last birthday) <b>79</b>		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	
IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired railroader</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>	
11. BIRTHPLACE (City and state or country) <b>Liberty, Illinois</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S.</b>	
13a. FATHER'S NAME <b>Joseph Hunsaker</b>		13b. MOTHER'S MAIDEN NAME <b>Dinah Lierle</b>	
14. NAME OF HUSBAND OR WIFE <b>Lucy L. Hunsaker</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>708-12-3664</b>	
17. INFORMANT <b>Lucy L. Hunsaker - Grant City, Missouri</b>		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) <b>Acute pumonyary Edema</b> <b>Arteriosclerotic Cardiovascular Disease 5 Yrs</b> <b>with decompensation</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 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 Month, Day, Year Hour a.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.)	
20f. CITY, TOWN, OR LOCATION <b>Grant City, Mo</b>		COUNTY <b>Worth</b> STATE <b>Missouri</b>	
21. I attended the deceased from <b>1955</b> , to <b>May 8, 61</b> and last saw her alive on <b>May 8, 61</b> Death occurred at <b>7am</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Dayton or title) <b>Frank B Matteson M.D.</b>		22b. ADDRESS <b>Grant City, Mo</b>	
22c. DATE SIGNED <b>5/9/61</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>May 13, 1961</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Camp Point Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Camp Point, Illinois</b>	
24. FUNERAL DIRECTOR <b>Bill Dunfee - Grant City, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>May 11 - 1961</b>	
26. REGISTRAR'S SIGNATURE <b>Letta E. Hansen</b>			

(Licensed Embalmer's Statement on Reverse Side)

1961 9 1 NRC SA

**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 Bill A. Dunfee

Licensed Embalmer No. 4908

P. O. Address. Grant City

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.