

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000556

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 5164 Registrar's No. 49

AMENDED

FILED FEB 13 1962

1. PLACE OF DEATH
 a. COUNTY Callaway
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton Township Length of stay in 1b 50 yrs.
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Rural Route # 2 Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY Callaway
 c. CITY OR TOWN Fulton Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Rural Rt. # 2 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Mina Middle K Last Hurt 4. DATE OF DEATH Month Feb. Day 4 Year 1962

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 3-11-1872 9. AGE (last birthday) 89 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) housewife 10b. KIND OF BUSINESS OR INDUSTRY own home 11. BIRTHPLACE (City and state or country) Switzerland 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William Kinsler 13b. MOTHER'S MAIDEN NAME Bahetta Schweitzer 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no 16. SOCIAL SECURITY NO. none 17. INFORMANT Fred Hurt Address Fulton, 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) Death due to natural causes
 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. Yes N. Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 to and last saw her alive on .
 Death occurred at 4:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Maretta Lawrence Registrar 22b. ADDRESS Fulton Mo 22c. DATE SIGNED Feb. 5 - 1962

23a. BURIAL, CREMATION, REMOVAL (specify) Rural 23b. DATE 1-6-62 23c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery 23d. LOCATION (City, town, or county) Fulton Mo (State)

24. FUNERAL DIRECTOR Maurin Funeral Home, Fulton, Mo ADDRESS 25. DATE RECD. BY LOCAL REG. Feb. 5 1962 26. REGISTRAR'S SIGNATURE Maretta Lawrence

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

MAR 2 1962

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 Gene Maupin, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Gene Maupin

Licensed Embalmer No. 5092

P. O. Address Fulton 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.