

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-011596

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 191

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 10 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin, Missouri		c. CITY OR TOWN Carl Junction	
Length of stay in 1b 1 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 202 Maiden Lane		d. STREET ADDRESS (If outside, give location) 2 Mi. South Carl Jct. Mo.	
3. NAME OF DECEASED (Type or print) First William Middle A. Last Hunsucker		4. DATE OF DEATH Month 4- Day 2- Year 1962	
5. SEX Male	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 1-6-1873
9. AGE (last birthday) 89		IF UNDER 1 YEAR Months 4 Days 2	IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner-Farmer		10b. KIND OF BUSINESS OR INDUSTRY Mining-Farming	11. BIRTHPLACE (City and state or country) Galena, Ks. (rural)
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME unknown	
13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Dec'd.	
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. None	
17. INFORMANT Don Adams, Carl Junction, Mo.		Address	
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) Medullary Failure			
DUE TO (b) Myocardial infarction			
DUE TO (c) Arterio-sclerosis			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Recurrent Bronchial asthma.			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 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 1:10 a.m. 4 p.m.	Month, Day, Year 1956	20f. CITY, TOWN, OR LOCATION Carl Junction, Missouri COUNTY Missouri STATE Missouri	
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 Carl Junction, Missouri COUNTY Missouri STATE Missouri	
21. I attended the deceased from 1956 to April 2, 1962 and last saw him alive on April 1. Death occurred at 1:10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H. E. Stiles (Degree or title) D. O.		22b. ADDRESS Carl Junction, Missouri	22c. DATE SIGNED 4-3-1962
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 4-5-1962	23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	23d. LOCATION (City, town, or county) (State) Galena, Kansas
24. FUNERAL DIRECTOR Don Roney, Carl Junction, Mo.	ADDRESS Carl Junction, Mo.	25. DATE RECD. BY LOCAL REG. 4-4-1962	26. REGISTRAR'S SIGNATURE Dove Merriam

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 Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City, 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.