

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-027983

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 201 Primary Registration District No. 3048 Registrar's No. 181

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. <b>PLACE OF DEATH</b>		2. <b>USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Nodaway</b>		a. STATE <b>Iowa</b> b. COUNTY <b>Taylor</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Maryville</b>		c. CITY OR TOWN <b>Bedford</b>	
Length of stay in 1b <b>1 day</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St Francis</b>		d. STREET ADDRESS (If outside, give location) <b>105 South Ill. St.</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. <b>NAME OF DECEASED</b> (Type or print) First Middle Last <b>Susan Jane Hunt</b>			4. <b>DATE OF DEATH</b> Month Day Year <b>July 12 1962</b>
5. <b>SEX</b> <b>Female</b>	6. <b>COLOR OR RACE</b> <b>Caucasian</b>	7. <b>Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input checked="" type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	8. <b>DATE OF BIRTH</b> <b>10-19 1872</b>
9. <b>AGE</b> (last birthday) <b>89</b>		IF UNDER 1 YEAR <b>8</b> Months <b>23</b> Days IF UNDER 24 HR <b>0</b> Hours <b>0</b> Min.	
10a. <b>USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. <b>KIND OF BUSINESS OR INDUSTRY</b>	
11. <b>BIRTHPLACE</b> (City and state or country) <b>Missouri</b>		12. <b>CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b>	
13a. <b>FATHER'S NAME</b> <b>John Blanton</b>		13b. <b>MOTHER'S MAIDEN NAME</b> <b>Lucinda Roberts</b>	
14. <b>NAME OF HUSBAND OR WIFE</b>		15. <b>WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>no</b>	
16. <b>SOCIAL SECURITY NO.</b> <b>None</b>		17. <b>INFORMANT</b> <b>X W.B. Walker 615-39<sup>th</sup></b>	
18. <b>CAUSE OF DEATH</b> (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) <b>Acute Coronary Occlusion</b>		<b>Unknown</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary Disease</b>		<b>Unknown</b>	
DUE TO (c) <b>Generalized Arterio-sclerosis &amp; Hypertension</b>			
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. <b>WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. <b>ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	20b. <b>DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)	
20c. <b>TIME OF INJURY</b> Hour <b>4:20</b> a.m.-p.m. <b>A</b> Month, Day, Year <b>July 11, 1962</b>	20d. <b>INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input checked="" type="checkbox"/>	20e. <b>PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. <b>CITY, TOWN, OR LOCATION</b> <b>Marionville, Mo.</b>
21. I attended the deceased from <b>July 11, 1962</b> to <b>July 12, 1962</b> and last saw her alive on <b>July 12, 1962</b>		Death occurred at <b>4:20 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. <b>SIGNATURE</b> <b>W.A. Jackson, M.D.</b> (Degree or title)		22b. <b>ADDRESS</b> <b>1st and Vine Marionville, Mo.</b>	
22c. <b>DATE SIGNED</b> <b>7-18-62</b>		23a. <b>BURIAL, CREMATION, REMOVAL</b> (Specify) <b>burial</b>	
23b. <b>DATE</b> <b>7-15-1962</b>	23c. <b>NAME OF CEMETERY OR CREMATORY</b> <b>Old Brick Cemetery</b>	23d. <b>LOCATION</b> (City, town, or county) <b>Near Albany Mo.</b> (State)	
24. <b>FUNERAL DIRECTOR</b> <b>Boyd G. Nwinger</b> ADDRESS <b>Bedford, Iowa</b>		25. <b>DATE RECD. BY LOCAL REG.</b> <b>7-18-62</b>	
26. <b>REGISTRAR'S SIGNATURE</b> <b>Beano / 18/1</b>			

**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 Boyd G. Nowinger, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Boyd G. Nowinger

Licensed Embalmer No. 3736

P. O. Address BEAUFORD, IOWA

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.