

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020724

STATE FILE NUMBER

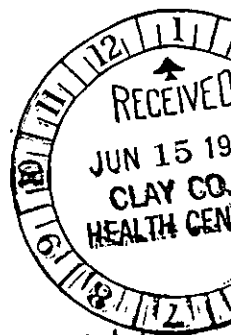
FILED JUN 17 1959 Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 1061

1. PLACE OF DEATH a. COUNTY <u>Clay</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>North Kansas City</u>			c. CITY OR TOWN <u>Liberty</u>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>North Kansas City Memorial Hosp</u>			d. STREET ADDRESS (If outside, give location) <u>6001 ADDRESS 423 N. Prairie</u>		
3. NAME OF DECEASED (Type or print) First <u>Cora</u> Middle <u>Hunter</u> Last <u>Hunter</u>			4. DATE OF DEATH Month <u>6</u> Day <u>6</u> Year <u>1959</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>3 Negro</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>3-17-1882</u>		9. AGE (In years last birthday) <u>77</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>W</u>	11. BIRTHPLACE (City and state or country) <u>9 U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>BEALY MC SHEARS</u>		13b. MOTHER'S MAIDEN NAME <u>MARY JACOBS</u>		14. NAME OF HUSBAND OR WIFE <u>LOWELL HUNTER</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT <u>Gladys Pollock Liberty, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cardiac Decompensation &</u> DUE TO (c) <u>Cardiac Arrhythmia</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4200</u>					INTERVAL BETWEEN ONSET AND DEATH <u>72 hr</u>
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.) <u>4200</u>		
20c. TIME OF INJURY Hour <u>11:00 A</u> Month, Day, Year <u>June 6, 1959</u>					
20d. INJURY OCCURRED WHILE AT <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.) <u>June 6th 1959 to June 6, 1959</u>		20f. CITY, TOWN, OR LOCATION <u>Liberty, Mo.</u>	
21. I attended the deceased from <u>June 4th 1959</u> to <u>June 6, 1959</u> and last saw her alive on <u>June 6, 1959</u> Death occurred at <u>11:00 A</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>James H. Shelloe MD</u>		22b. ADDRESS <u>325 Main Liberty Mo</u>		22c. DATE SIGNED <u>6-8-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>June 9-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Liberty, Mo.</u>	
24. FUNERAL DIRECTOR <u>Church-Decker Co. Liberty, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>6-8-59</u>		26. REGISTRAR'S SIGNATURE <u>Marguerite Henderson</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.



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 John Linbar

Licensed Embalmer No. 4448

P. O. Address Liberty, 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.