

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 11 1947
Registration District No. 213

Primary Registration District No. 2014

Registrar's No. 163

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County Cole
(b) City or town Jefferson City, Jefferson
(c) Name of hospital or institution: St. Marys Hospital
(d) Length of stay: 6 days
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONITEAU
(c) City or town California Mo Rural
(d) Street No. California Rte 2
(e) Citizen of foreign country? no / (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DEE MINA HUNTER

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ALBERT 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased AUG 23 1887
(Month) (Day) (Year)

8. AGE: Years 54 Months 10 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Mo
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

MOTHER FATHER { 11. Industry or business _____

12. Name PH TAYLOR

13. Birthplace England England
(City, town, or county) (State or foreign country)

14. Maiden name ELIZA ADAMS

15. Birthplace England England
(City, town, or county) (State or foreign country)

16. (a) Informant Oliver Patecliff

(b) Address California, Mo

17. (a) removed (b) Date thereof June 29 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation California Mo

18. (a) Signature of funeral director Boullin T. H.

(b) Address California Mo

19. (a) 6-27-47 (b) Thormal Richter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1947 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from June 21 1947 to June 27 1947 that I last saw her alive on June 27 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis and Diabetes

Due to Mastoiditis

Due to 61

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Mastoiditis
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Stanley Howard MD (M.D. or other) _____
Address Jefferson City, Mo Date signed 6/27/47

Duration

1 week
3 mos
6 wks

PHYSICIAN

Underline the cause to which death should be charged statistically.

6/11/70

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed... *Earl R. Bowlin*
Licensed Embalmer No. *2126*
P. O. Address *California, 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 this body is not embalmed, fact should be so stated above.