

FILED FEB 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1101

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>139</u>		PRIMARY REG. DIST. NO. <u>5339</u>		Registrar's No. <u>9</u>			
1. PLACE OF DEATH a. COUNTY <u>Holt</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bigelow (rural) Missouri</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>(Rural) Minton Twp.</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 miles S.W. Bigelow. Mo.</u>				d. STREET ADDRESS (If rural, give location) _____					
3. NAME OF DECEASED (Type or Print) a. (First) <u>John Roger</u>			b. (Middle) _____		c. (Last) <u>Dunn.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 28 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 28 1983</u>		9. AGE (In years last birthday) <u>65</u> IF UNDER 1 YEAR Months <u>7</u> Days <u>16</u> IF UNDER 24 HRS. Hours <u>16</u> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>		11. BIRTHPLACE (State or foreign country) <u>Dade County Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Seth Dunn</u>			13b. MOTHER'S MAIDEN NAME <u>Fannie Chaney</u>			14. NAME OF HUSBAND OR WIFE <u>Martha M. Dunn (wife)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Martha M. Dunn</u>			ADDRESS <u>Bigelow, Mo.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Endocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 years</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>4214</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____		21d. (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>Sept 15, 1948</u> , to <u>1-28</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>1-27</u> , 19 <u>49</u> , and that death occurred at <u>2:30 am</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>F. E. Hogan MD</u> (Degree or title)				23b. ADDRESS <u>Mound City, Mo</u>			23c. DATE SIGNED <u>1-28-49</u>		
24a. BURIAL CHARGE <u>None</u> (Specify)		24b. DATE <u>1-30-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rulo</u>		24d. LOCATION (City, town, or county) (State) <u>Rulo, Nebraska</u>			
DATE REC'D BY LOCAL REG. <u>Jan 28 1949</u>		REGISTRAR'S SIGNATURE <u>J. Tracy</u> <u>122</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Crawford</u> ADDRESS <u>Mound City, Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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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.

Signed.....

A. H. Crawford

Signed.....

Student Embalmer

Licensed Embalmer No. *1824*.

P. O. Address *Mundt 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 this body is not embalmed, fact should be so stated above.