

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

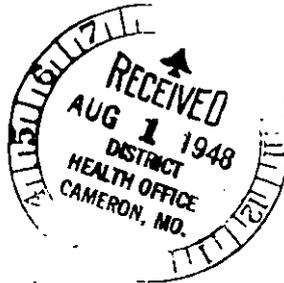
State File No. **24031**

FILED AUG 6 1949.

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

BIRTH NO. _____		REG. DIST. NO. <u>184</u>		PRIMARY REG. DIST. NO. <u>3038</u>		Registrar's No. <u>202</u>	
1. PLACE OF DEATH a. COUNTY <u>LINN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>IOWA</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BROOKFIELD</u>		c. LENGTH OF STAY (in this place) <u>10 WKS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>OTTUMWA</u>		999 12	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>425 WEST AVE. 3</u>				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>INEZ</u> b. (Middle) <u>UNWIN</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 25, 1949</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>MAR. 21, 1890</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>OFFICE EMPLOYEE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>GALT, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>RALPH O. UNWIN</u>			13b. MOTHER'S MAIDEN NAME <u>ARMINTA CANTABERRY</u>		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>D. C. UNWIN - BROOKFIELD, 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of colon (transverse) with metastases</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.				INTERVAL BETWEEN ONSET AND DEATH <u>18 mos.</u> <u>153X</u>	
19a. DATE OF OPERATION <u>April 9, 1949</u>		19b. MAJOR FINDINGS OF OPERATION <u>Perforating adenocarcinoma of transverse colon with metastases to liver + abd. wall</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) (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>June 4</u> , 19 <u>49</u> , to <u>July 25</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>July 24</u> , 19 <u>49</u> , and that death occurred at <u>1 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Daphne R. Dyer, M.D.</u>				23b. ADDRESS <u>Brookfield, Mo</u>		23c. DATE SIGNED <u>7-26-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>7-27-49</u>	24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>OTTUMWA, IOWA</u>		
DATE REC'D BY LOCAL REG. <u>7-29-49</u>		REGISTRAR'S SIGNATURE <u>H. B. Erwin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>1670</u> ADDRESS <u>WRIGHT FUNERAL HOME, BROOKFIELD</u>			

JAN 5 1950



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
Student Embalmer

Signed Harold B Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield, 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.