

FILED NOV 25 1949

STANDARD CERTIFICATE OF DEATH

36717

State File No.

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 132

1. PLACE OF DEATH a. COUNTY <u>COOPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>COOPER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BOONVILLE MO 6 HRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL SAVINE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>PRairie HOME MO</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>RUTH</u> b. (Middle) <u>ELMIRA</u> c. (Last) <u>DUNGAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 13-1949</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>JAN 29-1903</u>		9. AGE (In years last birthday) <u>46</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWORK</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>MARION SHAWWICK</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
13c. NAME OF HUSBAND OR WIFE <u>HEYBET E. DUNGAN</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Herbert E. Dungan</u>		17. ADDRESS <u>Prarie Home</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19. MEDICAL CERTIFICATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21. OTHER SIGNIFICANT CONDITIONS		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>11/13</u> , 19 <u>49</u> , to <u>11/13</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>11/13</u> , 19 <u>49</u> , and that death occurred at <u>11:00</u> a.m., from the causes and on the date stated above.	
22. MEDICAL CERTIFICATION (continued)		23a. SIGNATURE (Deceased or title) <u>R. L. DeLuca M.D.</u>		23b. ADDRESS <u>Boonville Mo</u>	
23. ANTECEDENT CAUSES		23c. DATE SIGNED <u>11/14/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24. DUE TO (b) <u>Progressive Cerebral Apoplexy</u>		24b. DATE <u>11/15/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PROVIDENCE CEM</u>	
24. DUE TO (c) <u>Essential Hypertension</u>		24d. LOCATION (City, town, or county) (State) <u>PRairie HOME MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>G. ALBERT HORNBECK</u>	
25. CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>334X</u>		DATE REC'D BY LOCAL REG. <u>Nov. 15-49</u>		REGISTRAR'S SIGNATURE <u>R. L. DeLuca</u>	

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

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RECEIVED

NOV 21

District Health Officer No. 8,

District File Number _____

Date Filed 11-22-49

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 to Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Crairie Home 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.