

FILED JUL 12 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22475**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **337** PRIMARY REG. DIST. NO. **6143** Registrar's No. **58**

1. PLACE OF DEATH a. COUNTY <b>Shelby</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Shelby</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lentner</b>	c. LENGTH OF STAY (in this place) <b>75 years</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lentner</b> <b>1020</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>X</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Sarah</b>	b. (Middle) <b>Martha</b>	c. (Last) <b>Dungan</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 22, 1950</b>
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5. SEX <b>Female/</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan. 13, 1875</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b> <b>0</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Boliver Maupin</b>	13b. MOTHER'S MAIDEN NAME (Unknown) <b>Miller</b>	14. NAME OF HUSBAND <del>XXXXX</del> <b>William Kays Dungan</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Merton Moore - Lentner, Mo.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Gall Bladder</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b>
	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 <b>6-1-50</b>	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of Gall Bladder</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **Feb**, 19 **49**, to **June 22**, 19 **50**, that I last saw the deceased alive on **June 22**, 19 **50**, and that death occurred at **59** am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>D. L. Harlan, M.D.</b>	23b. ADDRESS <b>Clarence, Mo</b>	23c. DATE SIGNED <b>6-26-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6-24-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Ridge Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Shelby County, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>June 28-50</b>	REGISTRAR'S SIGNATURE <b>Ada Garrison</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>E. P. Hayes Shelbina, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED JUL 3 1950  
District Health Officer No. 10  
District File Number 2-50-1092  
Date Filed JUL 11 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 \_\_\_\_\_

*Paul E. Hayes*

Licensed Embalmer No. 4461

P. O. Address Shellman, 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.