

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 20 1950

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5041 Registrar's No. 84

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

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Flatcreek)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Flatcreek)</u> <u>0050</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Cassville, Mo.</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cassville, Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Edward</u> c. (Last) <u>Dunn</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-3-1950</u>		
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>3-6-1875</u>	9. AGE (In years last birthday) <u>75</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 HRS. Hours _____ Min. _____
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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		11. BIRTHPLACE (State or foreign country) <u>Barry County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>Henry Dunn</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Forrester</u>		14. NAME OF HUSBAND OR WIFE			
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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) <u>unknown</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Oscar Hutton - Cassville, Mo</u>			
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>Rheumatoid Arthritis</u>				12 years.	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				7220	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 Oct. 5, 1950, to Nov. 3, 1950, that I last saw the deceased alive on Nov. 3, 1950, and that death occurred at 12 Noon, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. E. McDavid M.D.</u>		23b. ADDRESS <u>Cassville, Mo.</u>		23c. DATE SIGNED <u>11-7-1950</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-5-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Horner Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Barry County, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>11-8-1950</u>		REGISTRAR'S SIGNATURE <u>Grace Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Allen D. Williams Cassville, Mo.</u>			
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

REMOVED NOV 14 1950

Case File 1150-2286
Date Filed 11-17-54

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 Alan D Williams

Licensed Embalmer No. 4651

P. O. Address Cassville 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.