

STANDARD CERTIFICATE OF DEATH

State File No. 13464  
Registrar's No. 316

BIRTH NO. REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5906

0780

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

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Little River</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Little River</u>	
c. LENGTH OF STAY (in this place) <u>4 yrs</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>RANKLIN</u> c. (Last) <u>DUNN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 9, 1951</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>October 25, 1891</u>	9. AGE (In years last birthday) <u>59</u>	10. IF UNDER 1 YEAR Months <u>5</u> Days <u>14</u>	11. IF UNDER 10 HRS. Hours <u>14</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Bona Vista Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Joe Dunn</u>		13b. MOTHER'S MAIDEN NAME <u>MARY EVANS</u>		14. NAME OF HUSBAND OR WIFE <u>Alpha Mae Dunn</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Reba Dunn Hayti, Mo.</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>6 or 8 hrs.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		ANTECEDENT CAUSES <u>no "infert."</u>			DUE TO (b) <u>Coronary Heart Disease 20 yrs.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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		19b. MAJOR FINDINGS OF OPERATION <u>4201</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 1 hr., 1951, to 4-9-, 1951, that I last saw the deceased alive on 4-9-, 1951, and that death occurred at 4:30 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Shiver</u>		23b. ADDRESS <u>M.D. Hayti, Missouri</u>		23c. DATE SIGNED <u>4-9-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-10-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion Cem. Steele, Mo.</u>	
24d. LOCATION (City, town, or county) (State)		24e. NAME OF FUNERAL DIRECTOR'S SIGNATURE <u>John St. Germain</u>		24f. ADDRESS <u>John W. Germain Hayti, Mo.</u>	

DATE REC'D BY LOCAL REG. 4-21-51 REGISTRAR'S SIGNATURE John St. Germain 406 FUNERAL DIRECTOR'S SIGNATURE John W. Germain ADDRESS Hayti, Mo.

4-51-109

APR 23 1951

S. B. Beecher, M. D.,  
Pemiscot County Health Department,  
Caruthersville, Missouri

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.