

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1232

State File No.

456

FILED FEB 9 1952

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No.
1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 4 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION 1509 Fremont		d. STREET ADDRESS (If rural, give location) 1509 Fremont		
3. NAME OF DECEASED (Type or Print) MR. CHARLES FREDRICK DUNNE		a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH Jan. 28, 1952		5. SEX Male		
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 4, 1898
9. AGE (In years last birthday) 53		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Silk Spotter		10b. KIND OF BUSINESS OR INDUSTRY Cleaning
11. BIRTHPLACE (State or foreign country) Chatam Ontario, Canada		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Fredrick C. Dunne		13b. MOTHER'S MAIDEN NAME Jane Hildreth		14. NAME OF HUSBAND OR WIFE Mrs. Alma Dunne K.C.M.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 486-01-3742		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Alma Dunne 1509 Fremont K.C.
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease 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 4200
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE Geo. C. Kealhofer (Degree or title) <i>Geo. C. Kealhofer, M.D., Deputy Coroner</i>		23b. ADDRESS 4050 S. Broadway, St. Louis		23c. DATE SIGNED 1-28-52
24a. BURIAL CREMATION (REMOVED) (Specify) Burial		24b. DATE Jan. 30, 1952		24c. NAME OF CEMETERY OR CREMATORY Mound Grove
24d. LOCATION (City, town, or county) (State) Indep., Mo.		DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 1-29-52 Geraldine Holmes		
25. FUNERAL DIRECTOR'S SIGNATURE Ott Mitchell		ADDRESS Indep., Mo.		

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

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 me

working under my personal supervision.

Student Embalmer No.

Signed Henry J. Mitchell

Signed.....
Student Embalmer

Licensed Embalmer No. 3925

P. O. Address Indep. 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.