

No. 300  
10. 48

FILED APR 22 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15325

BIRTH NO. _____		REG. DIST. NO. <u>337</u>		PRIMARY REG. DIST. NO. <u>4499</u>		Registrar's No. <u>27</u>	
1. PLACE OF DEATH a. COUNTY <u>Shelby</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Shelbina</u>		c. LENGTH OF STAY (in this place) <u>Six Weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Shelbina</u>		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Thurman Nurseing Home</u>				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED a. (First) <u>William</u>			b. (Middle) <u>Josiah</u>		c. (Last) <u>Dungan</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 4th 1952</u>
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>Nov 20th 1874</u>		9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>14</u>	IF UNDER 24 HRS. Hours <u>14</u> Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery Store</u>		11. BIRTHPLACE (State or foreign country) <u>Shelbina Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Thomas W Dungan</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Ellen O'Neill</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Earl Snider Shelbina Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypostatic Pneumonia</u> DUE TO (c) <u>Malnutrition</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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 <u>January, 1951</u> , to <u>April 3, 1952</u> , that I last saw the deceased alive on <u>April 3, 1952</u> and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Richard A. Bielewicz</u> <sup>2</sup> (Degree or title)				23b. ADDRESS <u>Shelbina Mo</u>		23c. DATE SIGNED <u>4-8-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/6/52</u>	24c. NAME OF CEMETERY OR CREMATORIUM <u>I.O.O.F</u>		24d. LOCATION (City, town, or county) (State) <u>Shelbina Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4-14-52</u>		REGISTRAR'S SIGNATURE <u>Ada Garrison</u> <sup>419-1</sup>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Barkelaw &amp; Hawkins Shelbina Mo.</u>			

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed.....

*LeRoy L. Berkeley*

Student Embalmer No.....

Licensed Embalmer No. 3835

P. O. Address Keokuk - 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.