

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19775**

DECEASED JUN 17 1952

BIRTH NO. _____		REG. DIST. NO. <b>5-8</b>	PRIMARY REG. DIST. NO. <b>4091</b>	Registrar's No. <b>33</b>
1. PLACE OF DEATH a. COUNTY <b>Carter</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Carter</b>		
b. CITY OR TOWN <b>Fremont</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fremont</b>		
c. LENGTH OF STAY (in this place) <b>boys</b>		d. STREET ADDRESS (If rural, give location)		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Residence</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 8 1952</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b>		b. (Middle) <b>Washington</b>		c. (Last) <b>Dunn</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>MARCH 17 1867</b>	9. AGE (In years last birthday) <b>85</b> If under 1 year: Months <b>2</b> Days <b>21</b> If under 2 hrs. Hours <b></b> Mins. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMING</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMER</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Iron County, Mo</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>John Dunn</b>		
13b. MOTHER'S MAIDEN NAME <b>Helen Chitwood</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MRS. MAE CLAYTON VAN BUREN MO</b> ADDRESS
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) <b>General Debility</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Fract. of Hip.</b>  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
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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) <b>Aug 1951</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>Aug 19 1951</b> to <b>June 8 1952</b> that I last saw the deceased alive on _____, 19____, and that death occurred at <b>7:30 p.m.</b> , from the causes and on the date stated above <b>6/7/52</b>				
23a. SIGNATURE <b>J.M. Collins, M.D.</b> (Degree or title) <b>0</b>		23b. ADDRESS <b>Van Buren</b>		23c. DATE SIGNED: <b>6-14-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>6-10-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Van Buren Cemetery</b> (State) <b>MO</b>
24d. LOCATION (City, town, or county) <b>Van Buren</b>		24e. FINANCIAL DIRECTOR'S SIGNATURE <b>Mrs. Oeta Fenson</b> ADDRESS <b>Van Buren MO</b>		
DATE REC'D BY LOCAL REG. <b>June 16-52</b>		REGISTRAR'S SIGNATURE <b>Mrs. Oeta Fenson</b> <b>50-0</b>		25. FINANCIAL DIRECTOR'S SIGNATURE <b>Mrs. Oeta Fenson</b> ADDRESS <b>Van Buren MO</b>

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

0189  
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15/52

(Licensed Embalmer's Statement on Reverse Side)

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

*Alfred C. McFarland*

Licensed Embalmer No. *4543*

P. O. Address *Van Buren, 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.