

FILED OCT 28 1952

STANDARD CERTIFICATE OF DEATH

State File No. 36100

BIRTH NO. 134 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 312¹

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Esther		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Esther	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) **MONTILLION** b. (Middle) **B.** c. (Last) **DUNN** 4. DATE OF DEATH (Month) (Day) (Year) **Oct-8-1952**

5. SEX **male** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married /** 8. DATE OF BIRTH **Aug-18-1879** 9. AGE (In years last birthday) **73** IF UNDER 1 YEAR Months **1** Days **20** IF UNDER 2 HRS. Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired laborer** 10b. KIND OF BUSINESS OR INDUSTRY **Lumber** 11. BIRTHPLACE (State or foreign country) **Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Luke Dunn** 13b. MOTHER'S MAIDEN NAME **Mary Carter** 14. NAME OF HUSBAND OR WIFE **Ada Wilson Dunn**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no** 16. SOCIAL SECURITY NO. **none** 17. INFORMANT'S SIGNATURE OR NAME **Jackie Akers** ADDRESS **Bonne Terre, Mo**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Broncho pneumonia** INTERVAL BETWEEN ONSET AND DEATH **2 days**

ANTECEDENT CAUSES

Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) **Exposure to cold**

DUE TO (c) **Arterio sclerosis**

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 **4500** 20. AUTOPSY? YES NO

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) (m.) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Oct 6, 1952**, to **Oct 8, 1952**, that I last saw the deceased alive on **Oct 7, 1952**, and that death occurred at **9:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **C. H. Applegate M.D.** 23b. ADDRESS **Flat River, Missouri** 23c. DATE SIGNED **10-9-52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Oct-10-1952** 24c. NAME OF CEMETERY OR CREMATORY **St. Francois Memo** 24d. LOCATION (City, town, or county) (State) **St. Francois, Co. Mo**

DATE REC'D BY LOCAL REG. **Oct. 10, 1952** REGISTRAR'S SIGNATURE **Esther Rudloff** 25. FUNERAL DIRECTOR'S SIGNATURE **Sparks F. Home** ADDRESS **Flat River, Mo**

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

940
1

8940

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 *Murphy Sparks*

Licensed Embalmer No. *4256*

P. O. Address *Flat River, 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.