

STANDARD CERTIFICATE OF DEATH

42916

State File No.

FILED JAN 7 - 1953

BIRTH NO. REG. DIST. NO. 239 PRIMARY REG. DIST. NO. 5825 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Parma		b. COUNTY New Madrid	
c. LENGTH OF STAY (In this place) 6 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Parma	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Evalean	b. (Middle)	c. (Last) Dunn	4. DATE OF DEATH (Month) (Day) (Year) Dec. 27, 1952
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5. SEX Female	6. COLOR OR RACE colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH Feb. 2, 1903	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months Days	IF UNDER 6 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housekeeper	11. BIRTHPLACE (State or foreign country) unknown	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE James Dunn
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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.	17. INFORMANT'S SIGNATURE OR NAME Mattie L. Stanley Cleveland, Ohio	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of uterus		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	20. AUTOPSY? 174X	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Dec 16, 1952**, to **Dec 27, 1952**, that I last saw the deceased alive on **Dec 16, 1952**, and that death occurred at **4:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. Geo. W. Hustis (Degree or title)	23b. ADDRESS Parma, Mo.	23c. DATE SIGNED 1/1/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 7, 1953	24c. NAME OF CEMETERY OR CREMATORY Dexter Cemetery	24d. LOCATION (City, town, or county) (State) Dexter Mo.
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DATE REC'D BY LOCAL REG. 1/1/53	REGISTRAR'S SIGNATURE Dr. Geo. W. Hustis	25. FUNERAL DIRECTOR'S SIGNATURE Watkins Funeral Ser.	ADDRESS Parma, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1730
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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 Walter Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.