

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15046

FILED MAY 11 1953

BIRTH NO. _____ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 5799 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MADISON RR # 3		c. CITY OR TOWN MADISON	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 50 YRS		e. STREET ADDRESS (If rural, give location) RR # 3 MADISON MO	
d. FULL NAME OF HOSPITAL OR INSTITUTION OPR # 3 MADISON MO		0690	
3. NAME OF DECEASED a. (First) MARY		b. (Middle) A	
c. (Last) DUNKIN		4. DATE OF DEATH (Month) (Day) (Year) APRIL 24 1953	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JAN 22 1870
9. AGE (in years last birthday) 83	10. UNDER 1 YEAR Months _____ Days _____	11. BIRTHPLACE (City and State or Foreign Country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPING	10b. KIND OF BUSINESS OR INDUSTRY HOUSEKEEPER	11. BIRTHPLACE (City and State or Foreign Country) MISSOURI	
13a. FATHER'S NAME JOHN L HERRON	13b. MOTHER'S MAIDEN NAME REBECCA SKINNER	14. NAME OF HUSBAND OR WIFE ISSAC M DUNKIN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME JERRY DUNKIN	
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) arteriosclerosis INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbid 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 4500	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) (m.)	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 only on, Apr 23, 1953 , 19____, that I last saw the deceased alive on Apr 22, 1953 , and that death occurred at 9:45 p. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) E. T. Whitaker 2 MD.		23b. ADDRESS 205 S. 5th, Moberly, Mo.	23c. DATE SIGNED 5-1-53
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 4-30-53	24c. NAME OF CEMETERY OR CREMATORY SUNSET HILL	24d. LOCATION (City, town, or county) (State) MADISON MO
DATE REC'D BY LOCAL REG. 5-4-53	REGISTRAR'S SIGNATURE E. L. Robertson	471-0	25. FUNERAL DIRECTOR'S SIGNATURE Charles V. Henry
ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
v. 10-48

0690
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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.....
Signature of Student Embalmer

Signed Charles V. Greening

Licensed Embalmer No. 4625

P. O. Address Claremont

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.