

STANDARD CERTIFICATE OF DEATH

23668

State File No. _____

FILED JUL 7-1953

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 119

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Bates</u>	
b. CITY OR TOWN <u>Wash Township</u>		c. CITY OR TOWN <u>Adrian</u>	
c. LENGTH OF STAY (in this place) <u>2249ms</u>		d. STREET ADDRESS (If rural, give location) <u>unknown</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp 3 Nevada Mo</u>			

3. NAME OF DECEASED (Type or Print) MARY-ELIZABETH-DUNKEL

a. (First) _____ b. (Middle) _____ c. (Last) _____

4. DATE OF DEATH (Month) (Day) (Year) June 28 1953

5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Unknown</u>	9. AGE (in years last birthday) <u>80</u>	10. MONTHS <u>unknown</u>	11. DAYS <u>unknown</u>	12. IF UNDER 18 Hrs. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>no</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Unknown Probably Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME Charles Austin 13b. MOTHER'S MAIDEN NAME Alise Fancher 14. NAME OF HUSBAND OR WIFE unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME Records State Hosp 3 Nevada Mo ADDRESS _____

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) Arteriosclerotic Heart Disease

ANTECEDENT CAUSES

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

DUE TO (b) arteriosclerosis

DUE TO (c) 4200

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death Manic depressive - Manic Type

19a. DATE OF OPERATION no 19b. MAJOR FINDINGS OF OPERATION none 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 1939, to June 28, 1953, that I last saw the deceased alive on June 27, 1953, and that death occurred at 4:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul L. Barone, M.D. 23b. ADDRESS State Hosp 3 Nevada Mo 23c. DATE SIGNED June 28/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 6-28-53 24c. NAME OF CEMETERY OR CREMATORY Present Hill Cem 24d. LOCATION (City, town, or county) (State) Adrian Mo

DATE REC'D BY LOCAL REG. 6-29-53 REGISTRAR'S SIGNATURE Anna E. Ferris 25. FUNERAL DIRECTOR'S SIGNATURE Stif Funeral Service ADDRESS Adrian Mo

(License/Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 3650

P. O. Address Adrian 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.