

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27962**

FILED SEP 14 1953
BIRTH NO. **58950** REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **2612**

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Cape Girardeau) c. LENGTH OF STAY (If in place) 5 day		c. CITY OR TOWN Cape Girardeau d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Osteopathic Hospital		e. STREET ADDRESS (If rural, give location) Spanish St. 0164	

3. NAME OF DECEASED (Type or Print) a. (First) Mike b. (Middle) Dunn c. (Last) Dunn		4. DATE OF DEATH (Month) (Day) (Year) Sept 10 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child	8. DATE OF BIRTH Sept 5 1953
9. AGE (In years last birthday) 5	10. UNDER 1 YEAR Months 5	11. UNDER 24 HRS. Hours 5 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and State or Foreign Country) Cape Girardeau Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Clyde Dunn	13b. MOTHER'S MAIDEN NAME Ida Peters	14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Clyde DUNN ADDRESS Thebes Ill.

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage into Respiratory Tract causing Asphyxia.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Intractable Epistaxis DUE TO (c) Thrombocytopenia.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		296X	

19a. DATE OF OPERATION Sept. 5, 1953	19b. MAJOR FINDINGS OF OPERATION Cesarean Section Delivery due to Hemorrhage from Placenta Percreta		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **Sept 5, 1953**, to **Sept 10, 1953**, that I last saw the deceased alive on **Sept 10, 1953**, and that death occurred at **12:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE M. Newell (Degree or title) D.O.	23b. ADDRESS 28 S. Spanish Cape Girardeau, Mo.	23c. DATE SIGNED Sept 11, 1953
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Sept 10 1953	24c. NAME OF CEMETERY OR CREMATORY Thebes Ill.
24d. LOCATION (City, town, or county) (State) Thebes Ill.	DATE REC'D BY LOCAL REG. 9-11-53 REGISTRAR'S SIGNATURE C. C. Summers FUNERAL DIRECTOR'S SIGNATURE Joe S. Howell ADDRESS Cape Gir	

(Licensed 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 Not Embalmed, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.