

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28591**

4258

FILED SEP 15 1953

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ARKANSAS		b. COUNTY Craighead	
b. CITY (If outside corporate limits, write RURAL and give township) Manassas City		c. LENGTH OF STAY (In this place) 31 days		c. CITY OR TOWN Jonesboro	
d. FULL NAME OF HOSPITAL OR INSTITUTION LAKESIDE HOSPITAL		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) a. (First) ELLA		b. (Middle) Nestle		c. (Last) DUNBAR	
4. DATE OF DEATH (Month) (Day) (Year) 8 31 53		5. SEX FEMALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 3		8. DATE OF BIRTH April 29 / 1867		9. AGE (In years last birthday) 86	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Somerset Center, Michigan	
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME Clarence Weatherston		13b. MOTHER'S MAIDEN NAME Mathilda Howe	
14. NAME OF HUSBAND OR WIFE Henry Dunbar		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Austin Badden, 4418 Highland		18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Dilation of heart</u>		INTERVAL BETWEEN ONSET AND DEATH 3 hrs	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		b. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Infarction		24-hrs	
DUE TO (c) arteriosclerosis		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201	
19a. DATE OF OPERATION 8/26/53		19b. MAJOR FINDINGS OF OPERATION Intertrochanteric fracture of right hip		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) (Min) 8 - 20 53 7 PM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell out of bed	
22. I hereby certify that I attended the deceased from 8-20 1953 , to 8-31 1953 , that I last saw the deceased alive on 8-30 1953 , and that death occurred at 8:20 pm. , from the causes and on the date stated above.					
23a. SIGNATURE H. W. Thompson		23b. ADDRESS DD-2 705 Bryant Bldg		23c. DATE SIGNED 8-31-53	
24a. BURIAL CREMATION (REMOVAL) (Specify) Burial		24b. DATE Sept 3 1953		24c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery	
24d. LOCATION (City, town or county) (State) Braymer, Missouri		DATE REC'D BY LOCAL REG. 8-31-53		REGISTRAR'S SIGNATURE Geraldine Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Mead Mortuary, Braymer Mo.		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

422162

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 *John R. Sidman*
Licensed Embalmer No. 45
P. O. Address *Kansas City*

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.