

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35428

State File No. \_\_\_\_\_

FILED NOV 13 1953

BIRTH NO. _____		REG. DIST. NO. <u>88</u>		PRIMARY REG. DIST. NO. <u>5326</u>		Registrar's No. <u>34</u>	
1. PLACE OF DEATH a. COUNTY <u>CRAWFORD</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CRAWFORD</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-MERAMEC TWP.</u>		c. LENGTH OF STAY (In this place) <u>-</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STEELEVILLE</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>2 MILES E. STELEVILLE, MO.</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>PRESTON</u> c. (Last) <u>DUNLAP</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 1-1953</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JULY 13-1888</u>		9. AGE (In years last birthday) <u>65</u>	if UNDER 1 YEAR Months <u>3</u> Days <u>18</u>	if UNDER 24 HRS. Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TIMBER WORKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TIMBER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>SALEM, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>EPHRAIM DUNLAP</u>		13b. MOTHER'S MAIDEN NAME <u>MARY ANN CRABTREE</u>		14. NAME OF HUSBAND OR WIFE <u>ANNER DUNLAP</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ELDON DUNLAP-STEELEVILLE, MO.</u>			
18. CAUSE OF DEATH							
Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		ANTECEDENT CAUSES <u>My. sets had injuries to back.</u>					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>sinusitis of head and thrombosis on left side of heart.</u>					
		DUE TO (c) <u>kidney heart.</u>					
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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bus, etc.) <u>on highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>East of Steelville MO Crawford County</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NOV 1-53-7Pm.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>walking on highway</u>			
22. I hereby certify that I attended the deceased from _____, 19____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <u>Thomas J. Halley</u>				23b. ADDRESS <u>Steelville, MO</u>		23c. DATE SIGNED <u>11-15-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>NOV. 4-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BOSS CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>BOSS, MO.</u>		
DATE REC'D BY LOCAL REG. <u>11-12-53</u>		REGISTRAR'S SIGNATURE <u>Ch. L. ... 76-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas J. Halley-STELEVILLE, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0280  
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MAY 5

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 \_\_\_\_\_

*Henry M. Jones*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Henry M. Jones*

Licensed Embalmer No. *2638*

P. O. Address *Stockell 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.