

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**238**

State File No. ....

BIRTH NO. FILED FEB 15 1954 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 148

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Buchanan</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> c. LENGTH OF STAY (in this place) <u>36 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> d. STREET ADDRESS (If rural, give location) <u>1912 1/2 Jones Street</u>	
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<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Ernest</u> b. (Middle) <u>N.</u> c. (Last) <u>Dunavant</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>February 8, 1954</u>		
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<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>Sept. 3, 1885</u>	<b>9. AGE</b> (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months Days	IF UNDER 100 HRS. Hours Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Barber</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Own Shop</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Fulton, Missouri.</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>
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<b>13a. FATHER'S NAME</b> <u>Unknown -- Dunavant</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Unknown -- Nevins</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Ollie T. Dunavant</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>500-36-1420</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Mrs. Ollie T. Dunavant St. Joseph, Mo.</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *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>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY EDEMA</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HEART DISEASE, ARTERIOSCLEROTIC</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>NEPHRITIS, ARTERIOSCLEROTIC</u> Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>2 DAYS</u>  UNKNOWN
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<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>4200</u>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>St. Joseph, Buchanan, Mo.</u>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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22. I hereby certify that I attended the deceased from 2/5, 1954, to 2/8/54, 1954, that I last saw the deceased alive on 2/7/54, 1954, and that death occurred at 1:45 Am., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>Allan Isidorman, M.D.</u>	<b>23b. ADDRESS</b> <u>706 Francis St. Joseph, Mo.</u>	<b>23c. DATE SIGNED</b> <u>2-9-54</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>Febr. 10, 1954</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Memorial Park Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Joseph, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>Feb 10, 1954</u>	REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>	FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Meierhoffer &amp; Isidorman, Inc. St. Joseph, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

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 \_\_\_\_\_\*

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Student Embalmer No. \* \* \*

working under my personal supervision.

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Student .....

Student Embalmer

Signed

*Raymond W. ...*

Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.