

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **805**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **3020** Registrar's No. **11**

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St Charles</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Washington</b>		c. LENGTH OF STAY (in this place) <b>6 weeks</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Matson</b>		d. STREET ADDRESS (If rural, give location) <b>8920 / 1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Francis Hospital</b>				3. NAME OF DECEASED a. (First) <b>Caroline</b> b. (Middle) <b>Marie</b> c. (Last) <b>Dunard</b>			
4. DATE OF DEATH <b>Jan 21 1954</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>Feb. 25 1881</b>		9. AGE (in years last birthday) <b>72</b>		IF UNDER 1 YEAR Months <b>10</b> Days <b>27</b>		IF UNDER 4 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home Duties</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>New Medda Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Louis Beumer</b>		13b. MOTHER'S MAIDEN NAME <b>Matilda Schwede</b>		14. NAME OF HUSBAND OR WIFE <b>Herman Dunard</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Helen Tridley Matson Mo</b> ADDRESS _____			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of the liver</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 yrs</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) <b>15601</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <b>April</b> , 19 <b>53</b> to <b>Jan 21</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>Jan 21</b> , 19 <b>54</b> and that death occurred at <b>7:40 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>H. J. Dunard</b> (Degree or title) _____				23b. ADDRESS <b>285 Westland Mo</b>		23c. DATE SIGNED <b>1-23-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>Jan 24-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Evangelical Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Defiance Mo</b>	
DATE REC'D BY LOCAL REG. <b>1/23/54</b>		REGISTRAR'S SIGNATURE <b>J. P. Dunard</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>T. E. Pitman</b>		ADDRESS <b>Funeral Home Westzyde Mo</b>	

(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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed Annitta M. Williams

Licensed Embalmer No. 3055

P. O. Address Westville N.C.

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.