

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4205**

FILED MAR 15 1954  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **118**

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

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau</b>		c. LENGTH OF STAY (In this place) <b>22 yrs.</b>	c. CITY OR TOWN <b>Cape Girardeau</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1305 Dunklin</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b> b. (Middle) <b>ELLEN</b> c. (Last) <b>DUNHAM</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 8, 1954</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>February 6, 1893</b>
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>Own Home</b>	9. AGE (In years last birthday) <b>61</b> IF UNDER 1 YEAR Months <b>1</b> Days <b>2</b> IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>Montgomery City, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	
13a. FATHER'S NAME <b>Martin L. Penn</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Emma Smith</b>	
14. NAME OF HUSBAND OR WIFE <b>V. H. Dunham</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. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>V. H. Dunham</b> ADDRESS <b>Cape Girardeau, Mo.</b>	
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinomatosis</b> INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b> ANTECEDENT CAUSES <b>Carcinoma Breast</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>9 years</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>170 X</b>	
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 checked="" 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>Jan 11, 1954</b> to <b>March 8, 1954</b> , that I last saw the deceased alive on <b>March 6, 1954</b> , and that death occurred at <b>4:35 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>John Crowe M.D.</b>		23b. ADDRESS <b>Cape Girardeau Mo</b>	
23c. DATE SIGNED <b>March 8, 1954</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>March 10, 1954</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Cape Girardeau, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>3-9-54</b>		REGISTRAR'S SIGNATURE <b>C. C. Summers</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Walters Funeral Home</b>		ADDRESS <b>Cape Gir. Mo.</b>	

MAR 26 1957

FEB 4 1957

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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 *Virgil H. Welch*.....  
Licensed Embalmer No. *410*.....

P. O. Address *Cape Girardeau*.....

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.