

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

9179

State File No. _____

BIRTH NO. FILED APR 9 1954 REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5585 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Madison</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Madison</u> <u>0490</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route # 3</u>		d. STREET ADDRESS (If rural, give location) <u>Route # 3</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Minnie</u> b. (Middle) <u>G.</u> c. (Last) <u>Dunn</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 28, 1954</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Dec. 26, 1876</u>		9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hour _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (City and State or Foreign Country) <u>Miller, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		

13a. FATHER'S NAME <u>Alonzo Howard</u>		13b. MOTHER'S MAIDEN NAME <u>Sara Box</u>		14. NAME OF HUSBAND OR WIFE <u>William Dunn</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Russell Helsten</u>	
				ADDRESS <u>Carthage # 3</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) <u>Coronary Occlusion</u>		DUE TO (b) <u>Arteriosclerotic Heart disease</u>			<u>1 hr.</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			<u>10 yr.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Hypertrophic Arthritis</u>			<u>10 yr.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		<u>4200</u>			

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) _____			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 1-11, 1953, to 3-28, 1954, that I last saw the deceased alive on 2-8, 1954, and that death occurred at 1:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Lloyd B. Clinton, M.D.</u>		23b. ADDRESS <u>Carthage, Mo.</u>		23c. DATE SIGNED <u>3-30-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-30-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Hope Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Jasper Co., Mo.</u>	

DATE REC'D BY LOCAL REG. <u>3-30-54</u>		REGISTRAR'S SIGNATURE <u>Lloyd B. Clinton, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Illmer Funeral Home, Carthage, Mo.</u>	
				ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

4-7-54

Jasper County Health Office

County File Number 276

Date Filed 4-7-54

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

William D. Carter

Licensed Embalmer No. 4850

P. O. Address Carter

Carter

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.