

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **4** PRIMARY REG. DIST. NO. **4014** Registrar's No. **80**

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution, indicate before death.) a. STATE Missouri b. COUNTY Atchison	
b. CITY (If outside corporate limits, write RURAL and give township) Fairfax		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Westboro, Missouri	
c. LENGTH OF STAY (In institution) 26 days		d. STREET ADDRESS (If rural, give location) 0030	
d. FULL NAME OF HOSPITAL OR INSTITUTION Community Hospital			

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) Hattie	b. (Middle) Dunham	c. (Last)	(Month) (Day) (Year) June-24th-1954

5. SEX Female	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July-12-1870	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days	IF UNDER 28 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done, or profession, or occupation, if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Gen Housework	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U S
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13a. FATHER'S NAME Wm E Preston	13b. MOTHER'S MAIDEN NAME Susan Mann	14. NAME OF HUSBAND OR WIFE Fred M Dunham
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Paul Dunham	ADDRESS Westboro, Missouri
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis		Unknown
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) F		Unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured Left Humerus		26 days	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 42.00 F	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Westboro Atchison Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (AM) (PM) May 30 1954 4:30 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell
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22. I hereby certify that I attended the deceased from **May 30, 1954**, to **June 24, 1954**, that I last saw the deceased alive on **June 23, 1954**, and that death occurred at **6-4 m.**, from the causes and on the date stated above.

23a. SIGNATURE Edward S. Bau	(Degree or title) MD	23b. ADDRESS Tarkio Mo	23c. DATE SIGNED 6/29/54
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24a. BURIAL, CREMATION, OR OTHER FINAL DISPOSITION (Specify) Buried	24b. DATE 6-26-1954	24c. NAME OF CEMETERY OR CREMATORY Center Grove	24d. LOCATION (City, town, or county) (State) Westboro Missouri
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DATE REC'D BY LOCAL REG. July 3, 1954	REGISTRAR'S SIGNATURE Therain J. Schaefer	25. FUNERAL DIRECTOR'S SIGNATURE Westboro, Mo	ADDRESS Westboro, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2630

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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 _____

Ashley R Tucker

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Ashley R Tucker*

Licensed Embalmer No. 4757

P. O. Address Westboro, Missouri

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.