

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32922

State File No. ....

FILED OCT 18 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 168

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Mexico</b>		c. CITY OR TOWN <b>Mexico</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>LIFE</b>		e. STREET ADDRESS (If rural, give location) <b>411 East Promenade 00430</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>411 East Promenade</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Sarah</b>	b. (Middle) <b>Altha</b>	c. (Last) <b>Dunn</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 13, 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>Apr 20, 1878</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months	IF UNDER 4 Hrs. Hours	IF UNDER 15 Min. Min.
----------------------	-------------------------------	---	--------------------------------------	---	------------------------	-----------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>- - - - -</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Richmond, Indiana</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
--	--	---	---

13a. FATHER'S NAME <b>Thomas A. Laws</b>	13b. MOTHER'S MAIDEN NAME <b>Susan Helm</b>	14. NAME OF HUSBAND OR WIFE <b>Chas A. Dunn</b>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give date of discharge) <b>No</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>C. A. Dunn,</b> ADDRESS <b>Mexico, Mo.</b>
--	-------------------------------------	---

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) <b>Myocardial infarction, massive</b> <b>Chronic occlusion</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>f201</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) <b>Mexico, Mo.</b>
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 June 26, 1954 to Oct 12, 1954, that I last saw the deceased alive on June 26, 1954, and that death occurred at 4:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <b>M. S. Kallenbach</b> (Degree or title)	23b. ADDRESS <b>Mexico, Mo.</b>	23c. DATE SIGNED <b>Oct 14, 1954</b>
--	---------------------------------	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-10-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Elmwood Cem</b>	24d. LOCATION (City, town, or county) (State) <b>Mexico, Missouri</b>
---	---------------------------	---	---

DATE REC'D BY LOCAL REG. <b>Oct 14 1954</b>	REGISTRAR'S SIGNATURE <b>Blanche Neely</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Samuel P. ...</b> ADDRESS <b>Mexico, Mo</b>
---	--	---

(Licensed Embalmers' Statement on Reverse Side)

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

FEB 1  
APR 23  
1957

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 *Richard Y. McElona*

Licensed Embalmer No. *482*

P. O. Address *M. Lewis*

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.