

FILED APR 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11623

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>5464</u>		Registrar's No. <u>330</u>	
1. PLACE OF DEATH a. CITY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>			
b. CITY OR TOWN <u>R.2, Willard, Greene</u>		c. LENGTH OF STAY (in this place) <u>MO</u> <u>30</u> years		c. CITY OR TOWN <u>R.2, Willard, Missouri</u>		d. STREET ADDRESS <u>R.2 Willard, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>The Family Home</u>				d. STREET ADDRESS (If rural, give location) <u>R.2 Willard, Missouri</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nellie</u>			b. (Middle) <u>Jemima</u>			c. (Last) <u>Dunlop</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>April 9, 1955</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>Feb. 22, 1867</u>		9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR (Months) (Days) <u>2</u> <u>17</u>		IF UNDER 24 HRS. (Hours) (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 <u>Homemaking</u>		11. BIRTHPLACE (State or foreign country) <u>Bath, England,</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Moses Baldwin</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Nathan</u>		14. NAME OF HUSBAND OR WIFE <u>Patrick Dunlop, deceased.</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 ADDRESS <u>James Dunlop, Rte 2, Willard, Misso.</u>			
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) <u>Probable Coronary Occlusion</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
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) _____		21d. HOW DID INJURY OCCUR? _____	
21e. 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred by <u>4:30A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Cora Williamson</u> Local Registrar of Vital Statistics				23b. ADDRESS <u>Greene County Court House Springfield, Missouri</u>		23c. DATE SIGNED <u>4/11/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 11, -55.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wesleys Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>1 1/2 mile North, Willard, Mo</u>	
DATE REC'D BY LOCAL REG. <u>4/11/55</u>		REGISTRAR'S SIGNATURE <u>Cora Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Greenwade-Windle, Willard, Missouri.</u>			

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 Robert E. Mulleman

Licensed Embalmer No. 4916

P. O. Address Springfield, Ma.

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.