

FILED JUN 6 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14813

State File No. 144

|                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |                                                                                                                                              |  |                                                                                                                                   |                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| BIRTH NO. _____                                                                                                                                                                                                                                                     |  | REG. DIST. NO. 47                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                           | PRIMARY REG. DIST. NO. 3008                                                                                                                  |  | Registrar's No. 144                                                                                                               |                                  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Callaway</u>                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>Callaway</u> |  |                                                                                                                                   |                                  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FULTON</u>                                                                                                                                                                          |  | c. LENGTH OF STAY (in this place) <u>2 1/2</u>                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                           | c. CITY OR TOWN <u>FULTON</u>                                                                                                                |  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |                                  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Callaway Hospital</u>                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           | e. STREET ADDRESS (If rural, give location) <u>210 W. 7th St.</u>                                                                            |  |                                                                                                                                   |                                  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>ELIZABETH</u> b. (Middle) <u>DURHAM</u> c. (Last) <u>DUNHAM</u>                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 1, 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>OCT. 3, 1876</u>                                                                                              |                                  |
| 9. AGE (In years last birthday) <u>78</u>                                                                                                                                                                                                                           |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>                                                                                                                                                                                                                                                                                                                                                                     |                                                           | 10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWIFE</u>                                                                                           |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>KENTUCKY</u>                                                                |                                  |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>                                                                                                                                                                                                                             |  | 13a. FATHER'S NAME <u>THOMAS DUBLIN</u>                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                           | 13b. MOTHER'S MAIDEN NAME <u>SARAH WAINSCOTT</u>                                                                                             |  | 14. NAME OF HUSBAND OR WIFE <u>MARTIN DUNHAM</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>Champ Dunham</u> ADDRESS <u>St Louis Mo</u>                                                             |  |                                                                                                                                   |                                  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis, arteriosclerosis, myocarditis advanced age.</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Advanced age.</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |                                                           |                                                                                                                                              |  |                                                                                                                                   | INTERVAL BETWEEN ONSET AND DEATH |
| 19a. DATE OF OPERATION                                                                                                                                                                                                                                              |  | 19b. MAJOR FINDINGS OF OPERATION <u>4221</u>                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                           |                                                                                                                                              |  | 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)                                                                                                                                                                                                                     |  | 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 <u>May 16, 1955</u> , to <u>June 12, 1955</u> , that I last saw the deceased alive on <u>June 12, 1955</u> , and that death occurred at <u>St Louis, Mo.</u> , from the causes and on the date stated above. |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |                                                                                                                                              |  |                                                                                                                                   |                                  |
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           | 23b. ADDRESS <u>Fulton Mo</u>                                                                                                                |  | 23c. DATE SIGNED <u>6-8-55</u>                                                                                                    |                                  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>                                                                                                                                                                                                             |  | 24b. DATE <u>6/3/55</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                           | 24c. NAME OF CEMETERY OR CREMATORY <u>Richland Baptist</u>                                                                                   |  | 24d. LOCATION (City, town, or county) (State) <u>Callaway County Mo</u>                                                           |                                  |
| DATE REC'D BY LOCAL REG. <u>June 4-1955</u>                                                                                                                                                                                                                         |  | REGISTRAR'S SIGNATURE <u>Martha Lawrence</u> 4250                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                           | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Maupin Funeral Home</u> ADDRESS <u>Fulton Mo</u>                                                         |  |                                                                                                                                   |                                  |

(Licensed Embalmer's Statement on Reverse Side)

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

9981 8 NHP

**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 *J. J. Ross*

Licensed Embalmer No. *2585*

P. O. Address *Fullerton*

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.