

FILED MAY 23 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15065

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3018 Registrar's No. 41

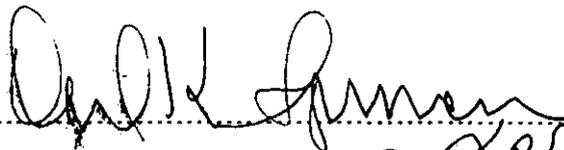
1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Iron County	
b. CITY (If outside corporate limits, write RURAL and give town) Salem		c. CITY OR TOWN Oates	
c. LENGTH OF STAY (in this place) 1 yr		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Knox Nursing Home		e. STREET ADDRESS (If rural, give location) XX 247	
3. NAME OF DECEASED a. (First) Sra Sarah b. (Middle) Catherine c. (Last) Dunn			4. DATE OF DEATH (Month) (Day) (Year) 5-11-55
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Dec 20 1871
9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	11. BIRTHPLACE (City and State or Foreign Country) Missouri
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY X	12. CITIZEN OF WHAT COUNTRY? U S
13a. FATHER'S NAME Wm Volner		13b. MOTHER'S MAIDEN NAME Rebecca Trollinger	14. NAME OF HUSBAND OR WIFE H M Dunn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X		16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Myrtle Shepard Boss Mo ADDRESS
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-valvular disease  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis with Hypertension DUE TO (c) Cancer of face...  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cancer of face & internal organs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443 XH	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ P. M., from the causes and on the date stated above. May 11, 1955			
23a. SIGNATURE Joseph R. Bennett		23b. ADDRESS Salem, Mo.	
23c. DATE SIGNED 5/12/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 5-13-55	
24c. NAME OF CEMETERY OR CREMATORY Marrs Cemetery		24d. LOCATION (City, town, or county) (State) Reynold Co Mo	
DATE REC'D BY LOCAL REG. 5-12-55		REGISTRAR'S SIGNATURE R.E. Mitchell, M.D. by MBE	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	

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.....  
Signature of Student Embalmer

Signed.....  


Licensed Embalmer No. 231

P. O. Address.....  
Palmer

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.