

FILED JUN 21 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17621

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 40

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Atchison</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fairfax</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fairfax</u>  |  |
| c. LENGTH OF STAY (in this place) <u>19 wks.</u>  |  | d. STREET ADDRESS (If rural, give location) <u>0030</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fairfax Community Hospital</u>                   |  | d. STREET ADDRESS <u>0</u>   |  |

|                                     |                        |                           |                         |   |
|-------------------------------------|------------------------|---------------------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>JOHN</u> | b. (Middle) <u>CALVIN</u> | c. (Last) <u>DUNKLE</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>June 15, 1955</u> |
|-------------------------------------|------------------------|---------------------------|-------------------------|---|

|                    |                               |   |                                       |   |   |  |
|--------------------|-------------------------------|---|---------------------------------------|---|---|--|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>July 18, 1866</u> | 9. AGE (In years last birthday) <u>88</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> | IF UNDER 6 HRS. Hours <u>0</u> Min. <u>0</u> |
|--------------------|-------------------------------|---|---------------------------------------|---|---|--|

|   |  |   |  |
|---|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u> | 11. BIRTHPLACE (State or foreign country) <u>Illinois</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|---|--|---|--|

|  |  |  |
|--|--|--|
| 13a. FATHER'S NAME <u>William Dunkle</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Lena Dunkle</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>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Howell III</u> | ADDRESS <u>7 N. Van Buren</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 <u>Topeka, Kansas.</u>     |  | INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u> |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac insufficiency</u>   | DUE TO (b) _____                                 |  | unknown   |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.   | DUE TO (c) <u>Arteriosclerotic heart disease</u> |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   | <u>Cerebral hemorrhage</u>                       |  | <u>4 months</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) <u>4200</u> |
|--|--|---|

|   |  |                                  |
|---|--|----------------------------------|
| 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 March 1, 1955, to June 15, 1955, that I last saw the deceased alive on June 15, 1955 and that death occurred at 4:35p m., from the causes and on the date stated above.

|   |                                  |                                 |
|---|----------------------------------|---------------------------------|
| 23a. SIGNATURE <u>M J Murphy M.D.</u> (Degree or title) | 23b. ADDRESS <u>Fairfax, Mo.</u> | 23c. DATE SIGNED <u>6/16/55</u> |
|---|----------------------------------|---------------------------------|

|   |                                |   |   |
|---|--------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>June 17, 1955</u> | 24c. NAME OF CEMETERY <u>Pleasant Ridge</u> | 24d. LOCATION (City, town, or county) (State) <u>Fairfax Missouri</u> |
|---|--------------------------------|---|---|

|   |   |   |                            |
|---|---|---|----------------------------|
| DATE REC'D BY LOCAL REG. <u>June 16, 1955</u> | REGISTRAR'S SIGNATURE <u>Narwin H. Schooler</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Schooler Funeral Home</u> | ADDRESS <u>Fairfax Mo.</u> |
|---|---|---|----------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

*Marvin N. Schaefer*

Licensed Embalmer No. *4162*

P. O. Address. *Fairfax, 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.