

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3987**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **76**

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Callaway</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Fulton</b>	c. LENGTH OF STAY (in this place) <b>5yrs</b>	c. CITY OR TOWN <b>Fulton</b>	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 <b>206 W 5th. Street</b>		e. STREET ADDRESS (If rural, give location) <b>206 West 5th. Street</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Alexander</b>	b. (Middle) <b>Ralph</b>	c. (Last) <b>Dunn</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 1 1956</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov-15-1878</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months <b>77</b> Days	IF UNDER 24 HRS. Hours <b>77</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Agent and Operator</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Callaway County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Richard R. Dunn</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Elizabeth Dunn</b>	14. NAME OF HUSBAND OR WIFE <b>Emma Dunn</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>709-12-0425</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Emma Dunn, Fulton, Missouri</b>	ADDRESS
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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>chr. myocarditis</b>		<b>years</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis</b>		<b>years</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Branchial ectasia</b>			<b>years</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>none</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **5/7 1949**, to **3/1 1956** that I last saw the deceased alive on **3/1 1956** and that death occurred at **3:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Nancy Dunn</b>	(Degree or title)	23b. ADDRESS <b>Fulton, Mo.</b>	23c. DATE SIGNED <b>3/2/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3/3/1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Riverview Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Jefferson City, Mo</b>
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DATE REC'D BY LOCAL REG. <b>Mar. 3-1956</b>	REGISTRAR'S SIGNATURE <b>Maretta Lawrence</b>	426	FUNERAL DIRECTOR'S SIGNATURE <b>Earl J. Jordan</b>	ADDRESS <b>Jefferson City, Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 11 1956

MAR 19 1956

SEP 20 1956

SEP 26 1956

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 \_\_\_\_\_  
*Joseph J. Jordan*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_  
*Jeff City*

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.