

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5701

FILED FEB 23 1956

BIRTH NO.		REG. DIST. NO. 236		PRIMARY REG. DIST. NO. 5819		Registrar's No. 15	
1. PLACE OF DEATH a. COUNTY MORGAN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY MORGAN			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN GRAVOIS MILLS		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN GRAVOIS MILLS, MO.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Gravois Mills				d. STREET ADDRESS (If rural, give location) None			
3. NAME OF DECEASED (Type or Print) EMMA a. (First) CAYOLINE b. (Middle) DUNN c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) February 16 1956				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH November 21 1870		9. AGE (In years last birthday) 85	IF UNDER 1 YEAR 3 Days	IF UNDER 12 HRS. 25 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Lancaster Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Squire DOTSON		13b. MOTHER'S MAIDEN NAME Caroline POOL		14. NAME OF HUSBAND OR WIFE John Henry DUNN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME Mable McKinley ADDRESS Gravois Mills, Mo.			
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) <u>Strenia</u>						INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial insufficiency</u>						4 yrs
	DUE TO (c) <u>Arterio sclerosis</u>						10 yrs
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture Shoulder + Hip</u>						6 yrs ago
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4221					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		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) (Min.)		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>July</u> , 19 <u>37</u> , to <u>Feb 16</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Feb 16</u> , 19 <u>56</u> , and that death occurred at <u>10:30 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. L. Washburn M.D.</u>				23b. ADDRESS <u>Versailles Mo.</u>		23c. DATE SIGNED <u>2/18/56</u>	
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE <u>Feb. 20, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Holt Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Morgan County Mo.</u>		
DATE RECD BY LOCAL REG. <u>2/18/56</u>		REGISTRAR'S SIGNATURE <u>J. L. Washburn</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James R. Striner, Versailles, Mo.</u>		ADDRESS	

**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 James R. Scrimer

Licensed Embalmer No. 4880

P. O. Address Verdille, Mo.

**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.**