No. 300
10-48

FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8603

BIRTH NO. 13548-56 REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 21

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

1. PLACE OF DEATH
a. COUNTY: Dent
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salem
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Harts Clinic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Reynolds
c. CITY OR TOWN: Oates
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): XX

3. NAME OF DECEASED (Type or Print)
a. (First): Rocky
b. (Middle): Lane
c. (Last): Dunn

4. DATE OF DEATH (Month) (Day) (Year): Mar 12 1956

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): child
8. DATE OF BIRTH: Mar 10 1956
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days 2; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): XX
10b. KIND OF BUSINESS OR INDUSTRY: X
11. BIRTHPLACE (City and State or Foreign Country): Salem Mo
12. CITIZEN OF WHAT COUNTRY?: U S
13a. FATHER'S NAME: Earnest Dunn
13b. MOTHER'S MAIDEN NAME: Virgie Clayton
14. NAME OF HUSBAND OR WIFE: XX
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): X (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: X
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Earnest Dunn Oates 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Alectasis — INTERVAL BETWEEN ONSET AND DEATH: 38 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): agenesis of the brain
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 7531
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-12-56, *19*___, *to* 3-12-56, *19*___, *that I last saw the deceased alive on* 3-12-56, *and that death occurred at* 8.25 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Alice S. Crosby M.D.
23b. ADDRESS: Salem, Mo.
23c. DATE SIGNED: 3-12-56
24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 3-13-56
24c. NAME OF CEMETERY OR CREMATORY: Myers Cem
24d. LOCATION (City, town, or county) (State): Oates Mo
DATE REC'D BY LOCAL REG.: 3-12-56
REGISTRAR'S SIGNATURE: R. E. Mitchell MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: [illegible] Salem Mo

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 2324

P. O. Address Salem

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.