

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29618

State File No. ....

FILED AUG 28 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 956 PRIMARY REG. DIST. NO. 6209 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Piney</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Piney</u> <u>1070</u>	
c. LENGTH OF STAY (in this place) <u>10 days</u>		d. STREET ADDRESS (If rural, give location) <u>1 mi. N. of Houston</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Anderson</u>	b. (Middle) <u>Carl</u>	c. (Last) <u>DUNIGAN</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>Aug</u> <u>12</u> <u>1956</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 6 1887</u>	9. AGE (In years last birthday) <u>69</u>	# UNDER 1 YEAR Months <u>5</u>	# UNDER 1 Wks. Days <u>5</u> Hours <u>1</u> Min. <u>5</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter-Machinist</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Jackson County, Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Dunigan</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Ellen</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>497-12-8251</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hubert Dunigan-Houston Mo.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>approx 1 hr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Tumor</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.-- DUE TO (b) <u>Cerebro Vascular accident</u> DUE TO (c) <u>Atherosclerotic Vascular Hypertension</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>-</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	<u>3 31 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-</u>	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)	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 5/23, 1956, to 8/12, 1956, that I last saw the deceased alive on 8/12, 1956, and that death occurred at 7:50 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Henry M. Marshall D.O.</u>	23b. ADDRESS <u>Houston, Missouri</u>	23c. DATE SIGNED <u>8/20/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8-16-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAK HILL</u>	24d. LOCATION (City, town, or county) (State) <u>Texas County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>8-21-56</u>	REGISTRAR'S SIGNATURE <u>Myrtie Craig</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Williott Funeral Home-Houston, Mo.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3270

SEP 14 1958

**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 Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.