

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **37214**

FILED NOV 19 1956

BIRTH NO.		REG. DIST. NO. 46	PRIMARY REG. DIST. NO. 4066	Registrar's No. 41
1. PLACE OF DEATH a. COUNTY Caldwell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Caldwell		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kingston		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Kingston	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 0130		
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle)	c. (Last) Dunn	4. DATE OF DEATH (Month) (Day) (Year) II 7 1956
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 7-25-1873	9. AGE (in years last birthday) 83 IF UNDER 1 YEAR: Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY self	11. BIRTHPLACE (City and State or Foreign Country) Kingston, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Lemuel Dunn		13b. MOTHER'S MAIDEN NAME Emma Dodge		14. NAME OF HUSBAND OR WIFE Lucy Dunn, Kingston, Mo.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lucy Dunn, Kingston, Missouri
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 4 hrs.
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) 331x		
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 Oct. 30 , 19 56 , to Nov. 7 , 19 56 , that I last saw the deceased alive on Nov. 7 , 19 56 , and that death occurred at 11:02 p. m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Herbert R. Burth M.D.		23b. ADDRESS Hamilton, Mo		23c. DATE SIGNED 11/9/56
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE II-10-1956	24c. NAME OF CEMETERY OR CREMATORY Ever Green Cemetery	24d. LOCATION (City, town, or county) (State) Braymer, Missouri	
DATE REC'D BY LOCAL REG. Nov 14-56	REGISTRAR'S SIGNATURE Gladys Jones		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cramer Clark, Kingston, Missouri.	

Consented 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.....
Signature of Student Embalmer

Signed..... *Cramer Clark*

Licensed Embalmer No. 3257

P. O. Address Kingston, Md

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.