

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32733**

FILED OCT 3 1957

No. 300  
10-48

0700

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

BIRTH NO. _____		REG. DIST. NO. <u>23-1232</u>		PRIMARY REG. DIST. NO. <u>4347</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>			
b. CITY OR TOWN <u>Middleton</u>		c. LENGTH OF STAY (in this place) <u>50yr</u>		c. CITY OR TOWN <u>Middleton</u>		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 <u>Middleton mo</u>				f. STREET ADDRESS (If rural, give location) <u>Middleton mo</u>			
3. NAME OF DECEASED (First) <u>CORDON</u> (Middle) <u>Carroll</u> (Last) <u>Dunn</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 29 1957</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 25 1890</u>		9. AGE (In years if under 1 year) (Month) (Day) (Min.) <u>67 3 7</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. KIND OF BUSINESS OR INDUSTRY <u>Agiculture</u>
12. BIRTHPLACE <u>New Hartford Conn</u>	13. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	14. FATHER'S NAME <u>James Ruben Dunn</u>	15. MOTHER'S MAIDEN NAME <u>Mary Ann (Shaw) Dunn</u>	16. NAME OF WOODEN OR METAL WIFE <u>None</u>			
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	18. SOCIAL SECURITY NO. <u>490-18-754</u>	19. INFORMANT'S SIGNATURE OR NAME <u>Gene M. Dunn</u> ADDRESS <u>Middleton mo</u>					
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) <u>Apparatus</u>  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 <u>9 days</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? <u>2</u> 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) <u>334X</u>				
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 <u>Sept 21, 1957</u> , to <u>Sept 29, 1957</u> , that I last saw the deceased alive on <u>Sept 29, 1957</u> , and that death occurred at <u>4:35 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Willis H. Walker</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Wellsville mo</u>		23c. DATE SIGNED <u>9/30/57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/1/1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fair Mount</u>	24d. LOCATION (City, town, or county) (State) <u>Middleton mo</u>				
DATE REC'D BY LOCAL REG. <u>9-30-57</u>	REGISTRAR'S SIGNATURE <u>Ms. Zoe Chapman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Butler, Pitchett</u> ADDRESS <u>Middleton, Mo</u>				

(Licensed Embalmer's Statement on Reverse Side) by Bob Pitchett

**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.....  
*John W. Butler*

Licensed Embalmer No. *444*

P. O. Address *Bearington, N.H.*

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.