

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

47168

STATE FILE NUMBER

FILED JAN 17 1958

Registration District No. 38

Primary Registration District No. 4089

Registrar's No. 35

Health, & Welfare
S. Public
Health Service
S. 300
v. 1-57

| | | | |
|---|-------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Carter | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Carter | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Grandin | | c. CITY OR TOWN Grandin | |
| c. FULL NAME OF (If NOT in hospital, give location) Home Grandin Mo | | d. STREET ADDRESS (If outside, give location) Grandin, Missouri | |
| 3. NAME OF DECEASED (Type or print) First William Middle Riley Last Dunlap | | 4. DATE OF DEATH Month Dec. Day 24 Year 1957 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH May 12, 1877 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Agriculture | 9. AGE (In years last birthday) 80 |
| 11. BIRTHPLACE (City and state or country) Salem, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Unknown | | 13b. MOTHER'S MAIDEN NAME Unknown | |
| 14. NAME OF HUSBAND OR WIFE Nora Alice Dunlap | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, unknown) (If yes, give war or dates of service) No | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT Harrison A. Dunlap Address Pacific, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Circulatory Failure | | | INTERVAL BETWEEN ONSET AND DEATH 1 hour |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Myocarditis | | | 5 years |
| DUE TO (c) Arterial Hypertension | | | 15 years |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 443X | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour _____ Month, Day, Year _____ g.m. _____ p.m. _____ | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from 6-10-57 to 12-6-57 and last saw ^{him} alive on 12-6-57 Death occurred at Grandin, Mo. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>Frank P. ...</i> (Degree or title) D.O. | | 22b. ADDRESS Van Buren, Mo. | |
| 22c. DATE SIGNED 1-11-58 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 12-27-57 | |
| 23c. NAME OF CEMETERY OR CREMATORY Cyclone Cemetery | | 23d. LOCATION (City, town, or county) (State) Ripley County, Missouri | |
| 24. FUNERAL DIRECTOR Edwards Funeral Home Doniphan, Mo. | | 25. DATE RECD. BY LOCAL REG. Jan. 14-1958 | |
| 26. REGISTRAR'S SIGNATURE <i>Mrs Octa Henson</i> | | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

RECEIVED

JAN 16 1958

CARTER COUNTY
HEALTH CENTER

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 *Gene Parent*

Licensed Embalmer No. *4809*

P. O. Address *Naylor, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.