Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-000521
STATE FILE NUMBER

FILED FEB 2 1959 Registration District No. 53 Primary Registration District No. [redacted] Registrar's No. 34

1. PLACE OF DEATH
a. COUNTY: CAPE
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): DELTA - (WELCH TWP.) — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): AT HOME — Length of stay in 1b: 77 YRS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: CAPE
c. CITY OR TOWN: DELTA c160 c — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): (WELCH TWP.) — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First THOMAS Middle William Last DUNNING
4. DATE OF DEATH: Month JAN. Day 23, Year 1959
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH: July 17, 1881
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months 6 Days 6 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER (RET.)
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (City and state or country): DELTA, MISSOURI c
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: JERRY DUNNING
13b. MOTHER'S MAIDEN NAME: MARY OWENS
14. NAME OF HUSBAND OR WIFE: MARGARET Smith DUNNING
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: ELVIS DUNNING — Address: DELTA, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Occlussion — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c): 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ] 0

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 from Jan 22 '59 to Jan 23 '59 and last saw her/him alive on Jan 22 '59
Death occurred at in on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W W Savault M.D. c
22b. ADDRESS: Delta Mo
22c. DATE SIGNED: Jan 25 '59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: JAN. 25, 1959
23c. NAME OF CEMETERY OR CREMATORY: HITT CEMETERY
23d. LOCATION (City, town, or county) (State): ARBOR, MISSOURI

24. FUNERAL DIRECTOR — ADDRESS: BISPLINGHOFF FUNERAL HOME - CHAFFEE, MO
25. DATE RECD. BY LOCAL REG.: Jan 27, 1959
26. REGISTRAR'S SIGNATURE: Mrs. Homer Cooper

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 Jack T. Lurnett

Licensed Embalmer No. 4413

P. O. Address Chaffee, 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.