

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006372

STATE FILE NUMBER

FILED MAR 4 1959 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 60

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1-57

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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Hannibal
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clark Rest Home		Length of stay in 1b	d. STREET ADDRESS 519 North Seventh
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES EDWARD DUNHAM			4. DATE OF DEATH Month Day Year February 28, 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH December 12, 1867
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 91
11a. BIRTHPLACE (City and state or country) Mavesville Illinois		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Nathaniel Dunham		13b. MOTHER'S MAIDEN NAME Mary Ann Kiser	14. NAME OF HUSBAND OR WIFE Stella Mills Dunham
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Thomas Simpkin Address Hannibal Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 12-24-58 to 2-13-59 and last saw her alive on 24 Feb 1959. Death occurred at 7:15 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>M. J. Rolben</u>		22b. ADDRESS Hannibal Missouri	22c. DATE SIGNED Feb 28/59
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 2/2/1959	23c. NAME OF CEMETERY OR CREMATORY Swiggett Cemetery	23d. LOCATION (City, town, or county) (State) Pike County Illinois
24. FUNERAL DIRECTOR T. Crawford Smith, Hannibal Missouri		25. DATE RECD. BY LOCAL REG. March 2, 1959	26. REGISTRAR'S SIGNATURE <u>W. C. Fisher</u>

DATE FILED
MAR 3 1932

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 S. Spens*
Licensed Embalmer No. 1540.....

P. O. Address...Hannibal, Missouri

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.