

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008879

STATE FILE NUMBER

Registration District No. 098 Primary Registration District No. _____ Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>Daveiss</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Daveiss</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jamezport</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Jamezport</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION _____ Length of stay in 1b <u>Life-</u>		d. STREET ADDRESS (If outside, give location) _____ Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>George Lewis DUNN</u> First Middle Last			4. DATE OF DEATH <u>May 28 59</u> Month Day Year		
5. SEX <u>Male</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 16 1899</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Oil Business</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Oil Business</u>	11. BIRTHPLACE (City and state or country) <u>Daveiss Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Arason Dunn</u>			14. MOTHER'S MAIDEN NAME <u>Cora Sleight</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>WW #2</u>		16. SOCIAL SECURITY NO. <u>488-14-5907</u>	17. INFORMANT <u>Ralph Dunn</u> <u>Jamezport Mo.</u> Address		

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>Cent. coronary infarction</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
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 <input type="checkbox"/> NO <input type="checkbox"/> <u>0</u>

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 _____ a. 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 May 25-59 to May 28-59 and last saw him alive on May 27-59.
Death occurred at 12:30 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Delegator title) _____ 22b. ADDRESS _____ 22c. DATE SIGNED May 28-59

23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial 23b. DATE 30 May 59 23c. NAME OF CEMETERY OR CREMATORY Cedar Creek 23d. LOCATION (City, town, or county) (State) Daveiss Co. Mo.

24. FURNERAL DIRECTOR [Signature] ADDRESS Jamezport Mo. 25. DATE RECD. BY LOCAL REG. 6 April 1959 26. REGISTRAR'S SIGNATURE [Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Registrar cannot certify to a death due to natural causes. Cause of death must be clearly stated. Cause of death must be clearly stated. Cause of death must be clearly stated.

MEDICAL CERTIFICATION

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 Harvey Allen Roberson, Student Embalmer No. 50 working under my personal supervision..

Student H. A. Roberson
Signature of Student Embalmer

Signed O. L. Roberson

Licensed Embalmer No. 32

P. O. Address Jamesport

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.