

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. DEC 28 1959

'59 043206

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 389

1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Scotland									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Length of stay in 1b		c. CITY OR TOWN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Samantha Middle Ann Last Dunn				4. DATE OF DEATH Month Dec. Day 19 Year 1959									
5. SEX female		6. COLOR OR RACE white		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9-20-1878		9. AGE (last birthday) 81		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house keeping				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Scotland Co. Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME William Purvis				13b. MOTHER'S MAIDEN NAME Elna Palmer				14. NAME OF HUSBAND OR WIFE J. W. Dunn					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, NO unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT Harold Dunn				Address Baring, 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) DELAYED Post-Surgical Shock DUE TO (b) CHRONIC Myeloid LEUKEMIA DUE TO (c) SPLEEN INFARCTION - ANEMIA Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH 50 MIN SEV. YEARS " "			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 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 12-14-59 to 12-19-59 and last saw her <u>live</u> on 12-19-59 Death occurred at 1:24 PM on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Paul Laughlin Jr Do (Degree or title)						22b. ADDRESS Kirksville, Mo						22c. DATE SIGNED 12-22-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 12-22-1959		23c. NAME OF CEMETERY OR CREMATORY Biblegrove		23d. LOCATION (City, town, or county) Biblegrove Mo.		(State)					
24. FUNERAL DIRECTOR W. H. ... ADDRESS Memphis, Mo.				25. DATE RECD. BY LOCAL REG. Dec. 24, 1959		26. REGISTRAR'S SIGNATURE Doris W. Radloff							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

EARL BAUGHMAN, JR. D.O.

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 Earl Baughman, Jr.

Licensed Embalmer No. 2550

P. O. Address Memphis, Tenn.

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.