

Dept. Health,
oc., & Welfare
l. S. Public
Health Service

FILED VS NOV 28 1960

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

-60-040914
STATE FILE NUMBER

Registration District No. 4 Primary Registration District No. 4014 Registrar's No. 240

V. S. 300
Rev. 1-57

| | | | | | | | |
|--|----------------------------------|---|--|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Atchison</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Paris</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>Tarkio</u> <u>0030-</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 <u>Paris, Community Hospital Tarkio</u> | | Length of stay in 1b <u>DOA</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) First <u>DALE</u> Middle <u>EDWIN</u> Last <u>DUNLAP</u> | | | 4. DATE OF DEATH Month <u>Nov.</u> Day <u>16</u> Year <u>1960</u> | | | | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Jan. 31, 1931</u> | 9. AGE (In years last birthday) <u>28</u> | IF UNDER 1 YEAR Months <u>9</u> Days <u>15</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>day labor</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>--</u> | | 11. BIRTHPLACE (City and state or country) <u>Tarkio, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>James A. Dunlap</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Thelma Zeigel</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Josephine</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes Feb 51 to Jun 54</u> | | | 16. SOCIAL SECURITY NO. <u>191-30-8519</u> | | 17. INFORMANT <u>Thelma Dunlap Tarkio, Mo.</u> | | |
| 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>Multiple head and chest injuries</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u></u> | | | | | | DUE TO (c) <u>X</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 checked="" type="checkbox"/> | |
| 20a. ACCIDENT <input checked="" 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.) <u>Automobile accident - thrown from vehicle</u> | | | | |
| 20c. TIME OF INJURY Hour <u>10:15</u> a.m. <u></u> p.m. <u></u> Month <u>11</u> Day <u>16</u> Year <u>60</u> | | | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>US highway 59-275</u> | | | | |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | | 20f. CITY, TOWN, OR LOCATION <u>3 mi. south Tarkio</u> | | 20g. COUNTY STATE <u>Atchison MO</u> | | |
| 21. Intended the deceased from <u>11/16/60</u> to <u>11/16/60</u> and last saw <u>him</u> alive on <u>11/16/60</u> Death occurred on <u>11/16/60</u> at <u>10:15 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <u>W. Medermeyer M.D.</u> (Degree or title) | | | | | 22b. ADDRESS <u>Tarkio, Mo.</u> | | 22c. DATE SIGNED <u>11/20/60</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 23b. DATE <u>11/11/60</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Home Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Tarkio Mo.</u> | | |
| 24. FUNERAL DIRECTOR <u>Davis Funeral Home</u> | | | ADDRESS <u>Tarkio, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>Nov. 22, 1960</u> | | 26. REGISTRAR'S SIGNATURE <u>Thermin H. Schuster</u> |

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

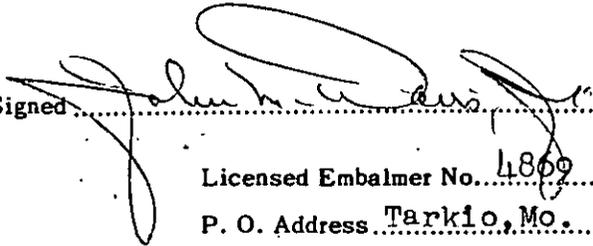
MEDICAL CERTIFICATION

DEC 2 1960

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 
Licensed Embalmer No. 4809
P. O. Address Tarkio, 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.