MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-026829

FILED JUL 1 6 1962

Registration District No. 37   Primary Registration District No. 3023   Registrar's No. 165

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Henry	**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Henry
b. CITY OR TOWN Clinton Length of stay in 1b 12 days	c. CITY OR TOWN Clinton Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION Clinton General Inside Limits Yes ☒ No ☐	d. STREET ADDRESS RR # 4 Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Roy Middle Otis Last Dulaban

4. DATE OF DEATH Month July Day 13 Year 1962

| 5. SEX fmale | 6. COLOR OR RACE white | 7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐ | 8. DATE OF BIRTH Sept 28, 1894 | 9. AGE (last birthday) 67 | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HR Hours / Min. |

10a. USUAL OCCUPATION Barber   **10b. KIND OF BUSINESS OR INDUSTRY**   **11. BIRTHPLACE** Benton Co Mo   **12. CITIZEN OF WHAT COUNTRY** USA

13a. FATHER'S NAME Henry Dulaban   **13b. MOTHER'S MAIDEN NAME** Susan Bucher   **14. NAME OF HUSBAND OR WIFE** Mary Dulaban

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? no | 16. SOCIAL SECURITY NO. 490-05-8223 | 17. INFORMANT Mrs. Mary Dulaban   Address Clinton, Mo RR # 4 |

18. CAUSE OF DEATH

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cardiac Failure	3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Metastatic amelanotic Melanocarcinoma	4 to 6 months
DUE TO (c)		

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. ☐ Yes ☐ No ☐ Unknown

| 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ | 20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ | 20b. DESCRIBE HOW INJURY OCCURRED |

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   20f. CITY, TOWN, OR LOCATION   COUNTY   STATE

21. I attended the deceased from June 6, to July 13 and last saw her/him alive on July 12 - 62 a.m/p.m on the date stated above, and to the best of my knowledge, from the causes stated.

Death occurred at

| 22a. SIGNATURE James O Smith MD   (Degree or title) | 22b. ADDRESS Clinton Mo | 22c. DATE SIGNED 7-14-62 |

| 23a. BURIAL, CREMATION, REMOVAL Burial | 23b. DATE July 16, 1962 | 23c. NAME OF CEMETERY OR CREMATORY Englewood cemetery | 23d. LOCATION Clinton, Mo (State) |

24. FUNERAL DIRECTOR Sickman & Dunning F H Clinton, Mo   ADDRESS   **25. DATE RECD. BY LOCAL REG.** July 14, 1962   **26. REGISTRAR'S SIGNATURE** Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

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_____   Signed_____*Robert L. Dunning*_____
        Signature of Student Embalmer

                                            Licensed Embalmer No.*4710*

                                            P. O. Address *Clinton 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.