MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030156

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 958 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

FILED AUG 27 1962

1. PLACE OF DEATH
a. COUNTY: BUTLER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: POPLAR BLUFF — Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: EN ROUTE TO HOSPITAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: BUTLER
c. CITY OR TOWN: POPLAR BLUFF — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R.R. # 4. P.B. Twp. — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First CLETUS Middle G. Last DUNNING
4. DATE OF DEATH: Month AUGUST Day 17, Year 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8/9/1950
9. AGE (last birthday): 12 — 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): Newsboy
10b. KIND OF BUSINESS OR INDUSTRY: Newsboy
11. BIRTHPLACE (City and state or country): Butler Co. Mo.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: LESTER DUNNING
13b. MOTHER'S MAIDEN NAME: EUNICE McCANE
14. NAME OF HUSBAND OR WIFE: Never Married.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Lester Dunning, Poplar Bluff, Mo. (Address)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Multiple Fractures — INTERVAL BETWEEN ONSET AND DEATH:
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): and Internal Injuries — 30 minutes
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. (Enter nature of injury in PART I or PART II of item 18.) was hit by an automobile on edge highway while delivering papers on a bicycle
20c. TIME OF INJURY: Hour 7/5 p.m. Month, Day, Year Aug 17-1962
20d. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): state highway
20f. CITY, TOWN OR LOCATION: Poplar Bluff Twp. COUNTY: Butler STATE: Mo
21. I attended the deceased from ____ to ____ and last saw him alive on ____
Death occurred at 7:15 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Grover W. Greer Coroner
22b. ADDRESS: Poplar Bluff, Mo.
22c. DATE SIGNED: 8-23-62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8/20/1962
23c. NAME OF CEMETERY OR CREMATORY: Browns Chapel
23d. LOCATION (City, town, or county) (State): Broseley, Missouri.
24. FUNERAL DIRECTOR: FRANK-COTRELL CHAPEL, POPLAR BLUFF, MO. ADDRESS
25. DATE RECD. BY LOCAL REG.: 8-25-1962
26. REGISTRAR'S SIGNATURE: Thelma Graham

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0128		
2	0120		
3			
4	0		
5	0		
6			
7	0		
8	2		
9	X		
10			
11	012		
12	91-3		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

AUG 30 1962

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 Charles E. Mengle

Licensed Embalmer No. 4877

P. O. Address Poplar Bluff, 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.