

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-014574

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 86

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1007

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1286-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

FILED APR 1 1963	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Scott</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sikeston</u> Length of stay in 1b <u>3 months</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Shufflit Nursing Home</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Mo.</u> b. COUNTY <u>Stoddard</u></p> <p>c. CITY OR TOWN <u>Bloomfield</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print)</p> <p style="text-align: center;">First Middle Last</p> <p style="text-align: center;"><u>Ernest Luther Dunn</u></p>	<p>4. DATE OF DEATH</p> <p style="text-align: center;">Month Day Year</p> <p style="text-align: center;"><u>March 25 1963</u></p>
<p>5. SEX <u>Male</u></p> <p>6. COLOR OR RACE <u>White</u></p> <p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>9-12-1883</u></p> <p>9. AGE (last birthday) <u>79</u></p> <p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Carpenter</u></p> <p>10b. KIND OF BUSINESS OR INDUSTRY</p>
<p>11. BIRTHPLACE (City and state or country) <u>Texas</u></p> <p>12. CITIZEN OF WHAT COUNTRY <u>U. S.</u></p>	<p>13a. FATHER'S NAME <u>Burrel S. Dunn</u></p> <p>13b. MOTHER'S MAIDEN NAME <u>Nancy Jane McGlothlin</u></p> <p>14. NAME OF HUSBAND OR WIFE <u>Maggie Dunn</u></p>
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <u>no</u> or unknown) (If yes, give war or dates of serv)</p>	<p>16. SOCIAL SECURITY NO.</p> <p>17. INFORMANT <u>Mrs. Maggie Dunn, Bloomfield, Mo.</u> Address</p>
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p>PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Cerebrovascular accident</u></p> <p style="text-align: center;">DUE TO (b) <u>coronary insufficiency</u></p> <p style="text-align: center;">DUE TO (c)</p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Generalized arteriosclerotic</u></p> <p>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</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p> <p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p> <p>20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year</p>	<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p> <p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p> <p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>
<p>21. I attended the deceased from <u>2/14/63</u> to <u>3/25/63</u> and last saw <sup>her</sup>him <u>alive</u> on <u>3/25/63</u></p> <p>Death occurred at <u>6:20 p.</u> m. on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) <u>E. D. Urban, M.D.</u></p>	<p>22b. ADDRESS <u>Sikeston, Mo.</u></p> <p>22c. DATE SIGNED <u>3-26-63</u></p>
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u></p> <p>23b. DATE <u>Mar. 25, 63</u></p> <p>23c. NAME OF CEMETERY OR CREMATORY <u>Bloomfield</u></p> <p>23d. LOCATION (City, town, or county) (State) <u>Bloomfield, Missouri</u></p>	<p>24. FUNERAL DIRECTOR ADDRESS <u>Chiles Und. Co., Bloomfield, Mo.</u></p> <p>25. DATE RECD. BY LOCAL REG. <u>March 28-1963</u></p> <p>26. REGISTRAR'S SIGNATURE <u>Jeanette Waldman</u></p>

USE BLACK INK OR TYPEWRITER RIBBON

**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,  
& by Lulu Cooper # 3499, Student Embalmer No. \_\_\_\_\_  
of by \_\_\_\_\_, working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Juan C. Cooper

Licensed Embalmer No. 4779

P. O. Address Bloomfield, 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.

JUL 3 1963

JUL 3 1963

APR 3 1963

Permit renewed March 25 - 1963