

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-044621

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 170

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 10 1963

VS 300
Rev. 4/59

DATE AMENDED

10570

20570

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bedford (twp)		Length of stay in 1b 2 wks	c. CITY OR TOWN Hawkpoint
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lincoln County Memorial Hospital		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Hawkpoint
3. NAME OF DECEASED (Type or print) DORA ELIZABETH DUNARD		4. DATE OF DEATH Dec. 5 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Sept. 17, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (last birthday) 79
13a. FATHER'S NAME Henry Dunard		13b. MOTHER'S MAIDEN NAME Emily Creech	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) None		16. SOCIAL SECURITY NO. [Redacted]	
17. INFORMANT Mrs. John Kuhns		Address Troy Mo.	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) (1) Cerebral Vascular Accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) (2) Cerebral Fibrillation DUE TO (c) (3) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 48 hrs	
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 _____ a.m. _____ p.m. Month, Day, Year _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 12/10/59 to Dec. 5, 1963 and last saw her ^{her} alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS Troy Mo.	
22c. DATE SIGNED 12-6-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 7, 1963	
23c. NAME OF CEMETERY OR CREMATORY Troy City Cem.		23d. LOCATION (City, town, or county) (State) Troy Mo.	
24. FUNERAL DIRECTOR Wayne McCoy		25. DATE RECD. BY LOCAL REG. 12-6-1963	
ADDRESS Troy Mo.		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

USE BLACK INK OR TYPEWRITER RIBBON

Lincoln
 (Date)
 (Sex)
 (Race)
 (Age)
 (Height)
 (Weight)
 (Complexion)
 (Hair)
 (Eyes)
 (Build)
 (Occupation)
 (Cause of Death)
 (Place of Death)
 (Date of Death)
 (Time of Death)
 (Signature of Embalmer)
 (Signature of Student Embalmer)

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 D.W. Mc Coy
 Signature of Student Embalmer

Licensed Embalmer No. 3586
 P. O. Address Jay 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.