MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER 63-044716

Registration District No. 309 Primary Registration District No. 4320 Registrar's No. 43

FILED NOV 27 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0641
2 0641
3 2
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Palmyra
Length of stay in 1b: Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Maple Lawn Rest Home
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Marion
c. CITY OR TOWN: Palmyra
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Maple Lawn Rest Home
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Lillie Middle: Belle Last: Dunn

4. DATE OF DEATH: Month 11 Day 13 Year 63

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 7-23-74

9. AGE (last birthday): 89

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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Emerson, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: John Gibson

13b. MOTHER'S MAIDEN NAME:

14. NAME OF HUSBAND OR WIFE: Henry Dunn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of

16. SOCIAL SECURITY NO.:

17. INFORMANT: Arthur Dunn Address: Quincy, Ill.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Aortic Insufficiency
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Infirmities of age
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: 2 months

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.)

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 (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 June 1960 to Nov. 1963 and last saw her alive on Nov. 1, 1963

Death occurred at 10:50 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: P. H. Stuthman (Degree or title) D.O.

22b. ADDRESS: Palmyra Mo

22c. DATE SIGNED: 11-15-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 11-16-63

23c. NAME OF CEMETERY OR CREMATORY: Philadelphia Cemetery

23d. LOCATION (City, town, or county) (State): Philadelphia, Mo.

24. FUNERAL DIRECTOR: Lewis Bros. ADDRESS: Palmyra, Mo

(Licensed Embalmer's Statement on Reverse Side)

25. DATE RECD. BY LOCAL REG.: 11-16-63

26. REGISTRAR'S SIGNATURE: Dr. E. M. Lucke By V. Geer, Deputy

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 J B Lewis

Signature of Student Embalmer

Licensed Embalmer No. 4875

P. O. Address Palmyra, 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.