

FILED JAN 6 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42440

Registration District No. 236

Primary Registration District No. 5819

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Morgan
(b) City or town Osage Rural
(c) Name of hospital or institution:
Township #16-1 Osage
(d) Length of stay: In hospital or institution 50. Barnett
In this community 4 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan
(c) City or town Osage Rural
(d) Street No. Township #16 Osage
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27
year 1947 hour 1 minute 30 M.

21. I hereby certify that I attended the deceased from Dec 27
1947 to Dec 27 1947
that I last saw him alive on Dec 27 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
Due to years

Other conditions (Include pregnancy within 3 months of death) None

Major findings: None
Of operations: None
Of autopsy: None

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(b) Date of occurrence None
(c) Where did injury occur? (City or town) (County) (State) None
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

While at work (Specify type of place) (e) Means of injury None
23. Signature E. O. Shearn
Address Osage Mo. Date signed 12/29/47

3. (a) PRINT FULL NAME TENNIS RAY DUNSTAN

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years

7. Birth date of deceased April 11 1904
(Month) (Day) (Year)

8. AGE: Years 43 Months 8 Days 16 If less than one day None hr. None min.

9. Birthplace Morgan Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business None

12. Name Sherman Dunstan

13. Birthplace Morgan Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mrs. Connors

15. Birthplace Morgan Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Loga Dunstan
(b) Address Osage, Mo.

17. (a) Burial (b) Date thereof 12-29-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dodley Cemetery

18. (a) Signature of funeral director James D. Patten
(b) Address Osage, Mo.

19. (a) 1-2-48 (b) J. L. Washburn
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

71
90

FEB 4 1949

~~DATE FILED~~
DISTRICT PUBLIC HEALTH OFFICER
RECEIVED
FEB 11 1949
12-17-48
8-1-49

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.....

Louis D. Phillips

Registered Apprentice No.

working under my personal supervision.

Signed *Louis D. Phillips*

Licensed Embalmer No.

3663

P. O. Address.....

Edson

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 this body is not embalmed, fact should be so stated above.