

FILED FEB 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1960

State File No.

BIRTH NO. _____ REG. DIST. NO. ²³⁹ ~~2412~~ PRIMARY REG. DIST. NO. ⁵⁸¹⁸ ~~2750~~ Registrar's No. ⁵

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldon Rural</u>		c. LENGTH OF STAY (in this place) <u>4 YEARS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldon (Rural) MORGAN TOWNSHIP</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>MORRAN TOWNSHIP</u>			d. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Daniel Sherman</u> b. (Middle) <u>Dunstan</u> c. (Last) <u>Dunstan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 19 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 9, 1873</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Morgan Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>William Dunstan</u>		13b. MOTHER'S MAIDEN NAME <u>Sophia Berkhardt</u>		14. NAME OF HUSBAND OR WIFE <u>Cora DUNSTAN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Cora Dunstan</u> ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer Throat probab. Primary in larynx</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Metastatic Carcinoma lungs.</u> Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>16/</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Oct 15, 1948 to Jan 19, 1949, that I last saw the deceased alive on Jan 16, 1949 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. Shelton M.D.</u> (Degree or title)		23b. ADDRESS <u>Eldon Mo</u>		23c. DATE SIGNED <u>Jan 21 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 21, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dooley</u>	
24d. LOCATION (City, town, or county) (State) <u>Eldon Mo.</u>					

DATE REC'D BY LOCAL REG. <u>Jan 24 1949</u>		REGISTRAR'S SIGNATURE <u>V.L. Woodburn</u> 214		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis D. Phillips</u> ADDRESS <u>Eldon Mo.</u>	
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RECEIVED

District Health Officer No. 7,

District File Number 12-48-1693

Date Filed 1-31-49

MAR 7 1949

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

Student Embalmer No.

working under my personal supervision.

Signed Louis D. Phillips
Licensed Embalmer No. 3663

Signed.....
Student Embalmer

P. O. Address Eldon

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.