

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 21 1949

State File No. **4063**
 BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 187

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>4</u>		c. LENGTH OF STAY (in this place) <u>7 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Bloomington Township</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Leon Nursing Home</u> <u>624 Prospect Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>1 1/2 Miles N.E. of DeKalb, Mo.</u>			
3. NAME OF DECEASED (Type or Print) <u>Geneva Jane Dunlap</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February 8, 1949</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>1</u>	8. DATE OF BIRTH <u>Aug. 3, 1847</u>		9. AGE (In years last birthday) <u>101</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>5</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>		11. BIRTHPLACE (State or foreign country) <u>Buchanan Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Armsted Hurst</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda Farns</u>		14. NAME OF HUSBAND OR WIFE <u>Robert Caldwell Dunlap</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. John Sampson, DeKalb, Missouri</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal obstruction</u> ANTECEDENT CAUSES <u>Partial obstruction</u> <u>Phlebotomy - possible</u> <u>Carcinoma</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u> <u>2 weeks</u> <u>6 mo.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1949</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb 1</u> , 1949, to <u>Feb 8</u> , 1949, that I last saw the deceased alive on <u>Feb 1</u> , 1949, and that death occurred at <u>9 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. M. Zochaler, M.D.</u> (Degree or title)				23b. ADDRESS <u>St. Joseph, Mo.</u>		23c. DATE SIGNED <u>2/9/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/11/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Westlawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>DeKalb, Missouri.</u>		
DATE REC'D BY LOCAL REG. <u>Feb. 14, 1949</u>		REGISTRAR'S SIGNATURE <u>G. L. Jenkins</u> <u>382</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Newton-Brewman</u>		ADDRESS <u>St. Joseph, Mo.</u>	

Headstone - Burial

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
Student Embalmer

Signed..... *Eugene Wood*

Licensed Embalmer No. *3204*

P. O. Address *3950 1st St. St. Joseph, 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 this body is not embalmed, fact should be so stated above.