

FILED APR 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8751

BIRTH NO. _____		REG. DIST. NO. 150		PRIMARY REG. DIST. NO. 5572		Registrar's No. 53	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Cass			
b. CITY (If outside corporate limits, write BUREAU and give township) Little Blue		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write BUREAU and give township) Pleasant Hill 2		d. STREET ADDRESS (If rural, give location) Town 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson Co. Emergency				d. STREET ADDRESS (If rural, give location) Town 1			
3. NAME OF DECEASED (Type or Print) a. (First) Frances		b. (Middle) Irene		c. (Last) Dunn		4. DATE OF DEATH (Month) (Day) (Year) March 12 1949	
5. SEX Fe		6. COLOR OR RACE Wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Nov 4, 1923	
9. AGE (In years last birthday) 25		10. IF UNDER 1 YEAR Months 4		11. IF UNDER 24 HRS. Days 8		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) No Occupation				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (State or foreign country) Lee Summit Mo.				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Amos C. Dunn				13b. MOTHER'S MAIDEN NAME Berlee Reeve		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. 724		17. INFORMANT'S SIGNATURE OR NAME A C Dunn	
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. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis Meningitis ANTECEDENT CAUSES (b) Bilateral pulmonary tuberculosis yrs. DUE TO (c) Pt. thoracoplasty 11. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION As above 20. AUTOPSY? YES ☐ NO ☒				INTERVAL BETWEEN ONSET AND DEATH 2 days			
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 3-11-49, to 3-12-49, that I last saw the deceased alive on 3-12-49, and that death occurred at 8 p.m., from the causes and on the date stated above.			
23a. SIGNATURE Sarah E. Indorse, M.D.		23b. ADDRESS Independence, Mo.		23c. DATE SIGNED 3-14-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-15-49		24c. NAME OF CEMETERY OR CREMATORY Heckory Point		24d. LOCATION (City, town, or county) (State) Pettis Co. Mo.	
DATE REC'D BY LOCAL REG. 3-15-49		REGISTRAR'S SIGNATURE Donald C. Embury		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. Thigil Church Pleasant Hill			

(Licensed Embalmer's Statement on Reverse Side)

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

6-13 1948

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.....

J. W. Gilbreath
Licensed Embalmer No. 3599

P. O. Address Pleasant Hill

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.