

FILED JUN 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20329

State File No.

BIRTH NO. _____ REG. DIST. NO. 233 PRIMARY REG. DIST. NO. 5813 Registrar's No. 46

1. PLACE OF DEATH
a. COUNTY Montgomery

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution)
a. STATE Missouri b. COUNTY Montgomery

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Upper Loutre c. LENGTH OF STAY (in this place) 4 weeks

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Upper Loutre

d. FULL NAME OF HOSPITAL OR INSTITUTION 1 Mile North of Wellsville

d. STREET ADDRESS (If rural, give location) 1 mile North of Wellsville

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) HENRY c. (Last) DUNGAN

4. DATE OF DEATH (Month) (Day) (Year) June 8 1949

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Aug. 26, 1871

9. AGE (In years last birthday) IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS. Hours Min. 77 10 13

10a. USUAL OCCUPATION (Give kind of work constituting most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farmer

11. BIRTHPLACE (State or foreign country) Bates, County, Missouri

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Charles Dungan

13b. MOTHER'S MAIDEN NAME Rebecca Bentley

14. NAME OF HUSBAND OR WIFE Deceased

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

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arlene Woodson Wellsville, Mo.

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, asthma, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma (CARCINOMA) of Stomach
ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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 3 years
151X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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 April 4, 1949, to May 6, 1949, that I last saw the deceased alive on May 7, 1949, and that death occurred at 3:00 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Death or Birth) Walter H. Walker

23b. ADDRESS Wellsville

23c. DATE SIGNED 6/9/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 6/11/49

24c. NAME OF CEMETERY OR CREMATORY Wellsville Cemetery

24d. LOCATION (City, town, or county) (State) Wellsville Montg, Missouri

DATE REC'D BY LOCAL REG. 6/10/49

REGISTRAR'S SIGNATURE W. J. Roman

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. B. Wells Wellsville, Mo.

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

70
0
0

RECEIVED
District Health Officer No. 91
District File Number
Date Filed JUN 16 1945

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 *[Signature]*

Licensed Embalmer No. *1584*

P. O. Address *Killedville 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.