

FILED AUG 11 1949

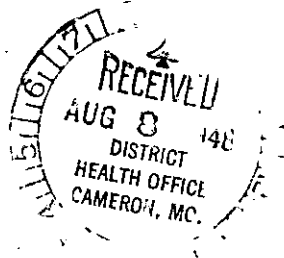
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22449

BIRTH NO. _____		REG. DIST. NO. <u>4</u>		PRIMARY REG. DIST. NO. <u>4015</u>		Registrar's No. <u>34</u>	
1. PLACE OF DEATH a. COUNTY <u>Atchison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Westboro</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Westboro, Missouri</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>810 High Street Westboro, Mo</u>				d. STREET ADDRESS (If rural, give location) <u>810 High Street Westboro</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Emma</u>		b. (Middle) <u>Anne</u>		c. (Last) <u>Dunham</u>	
4. DATE OF DEATH		(Month) <u>July</u>		(Day) <u>6th</u>		(Year) <u>1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan-8-1858</u>	
9. AGE (In years last birthday) <u>91</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 10 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>							
13a. FATHER'S NAME <u>Johsiah Coulter</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Jane Dunlap</u>		14. NAME OF HUSBAND OR WIFE <u>Aaron Dunham</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mamie Gage</u> ADDRESS <u>Westboro, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Breast Cancer</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <u>Senility</u> INTERVAL BETWEEN ONSET AND DEATH <u>18 Mos.</u>			
19a. DATE OF OPERATION <u>✓</u>				19b. MAJOR FINDINGS OF OPERATION <u>✓</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 5, 1949, 10:00 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>			
22. I hereby certify that I attended the deceased from <u>May 3, 1949</u> , to <u>July 6, 1949</u> , that I last saw the deceased alive on <u>July 5, 1949</u> , and that death occurred at <u>10:00 A.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>D. S. Haskell M.D.</u>				23b. ADDRESS <u>Tarkio Mo.</u>			
23c. DATE SIGNED <u>July 9-49</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-8th-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Center Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Westboro, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>July 10, 49</u>		REGISTRAR'S SIGNATURE <u>Becky Crutcher</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Scott Tucker</u>		ADDRESS <u>Westboro, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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



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 _____

A R Tucker #2

Student Embalmer No. 478

working under my personal supervision.

Student

A R Tucker
Student Embalmer

Signed

Robert T. Turner
Licensed Embalmer No. 2824

P. O. Address Westboro, 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.