

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 15 1949

State File No. 26240

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>5142</u>		Registrar's No. <u>339</u>			
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Butler</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>rural Neely</u> d. STREET ADDRESS (If rural, give location) <u>3 miles NE of Naylor</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Neely</u>		c. LENGTH OF STAY (in this place) <u>1</u> years		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural</u>		f. STREET ADDRESS (If rural, give location) <u>3 miles NE of Naylor</u>			
3. NAME OF DECEASED a. (First) <u>Grover</u> b. (Middle) <u>J.</u> c. (Last) <u>Dunlap</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 9, 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>Jan. 11 1893</u>			
9. AGE (In years: last birthday) <u>56</u>		10. MONTHS <u>7</u>		11. DAYS <u>28</u>		12. IF UNDER 1 YEAR Hours <u> </u> Min. <u> </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 <u>Earm</u>			11. BIRTHPLACE (State or foreign country) <u>Crawford Ill.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			13a. FATHER'S NAME <u>Harrison Dunlap</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Goff</u>		14. NAME OF HUSBAND OR WIFE <u>Mary M. Dunlap</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>			16. SOCIAL SECURITY NO. <u>World #1</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Mary Dunlap</u> ADDRESS <u>Harviell, Mo.</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>Congestive Heart Failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Valvular Heart Disease</u> DUE TO (c) <u>Rheumatic Fever ??</u> 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>4 1/2 X</u>	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			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 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>Aug</u> , 1948, to <u>Sept</u> , 1949, that I last saw the deceased alive on <u>Sept 2</u> , 1949, and that death occurred at _____ m, from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>Butler Mo</u>		23c. DATE SIGNED <u>9-10-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>9/12/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Darwin</u>		24d. LOCATION (City, town, or county) (State) <u>Darwin, Ark.</u>			
DATE REC'D BY LOCAL REG. <u>Sept 10, 1949</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>428</u> ADDRESS <u>Gish Funeral Home Naylor, Mo.</u>					

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

SEP 12 1970

949-270

BUTLER COUNTY HEALTH CENTER  
POPLAR BLUFF, MISSOURI

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

*Bryan Mc Cord*

Licensed Embalmer No. *4879*

P. O. Address *Naylor, 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.