

FILED AUG 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26511

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

BIRTH NO. _____		REG. DIST. NO. <u>96</u>		PRIMARY REG. DIST. NO. <u>5349</u>		Registrar's No. <u>65</u>		
1. PLACE OF DEATH a. COUNTY <u>Dallas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dallas</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Windyville</u>		c. LENGTH OF STAY (in this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Windyville</u>		<u>30</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>67</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>TINA</u> b. (Middle) _____ c. (Last) <u>DUNKIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-7-49</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>June 1, 1873</u>		
9. AGE (In years last birthday) <u>76</u>		10. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>0</u>		
13a. FATHER'S NAME <u>Thomas Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Miriam Bradshaw</u>		14. NAME OF HUSBAND OR WIFE <u>George Dunkin</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George Dunkin - Windyville</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis et al</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Phlebitis both Femoral Veins 2 yrs</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 1/3 hrs</u> <u>DK</u> <u>4:20</u>	
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>					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) (Min.)		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>8-7-1949</u> , to _____, 19____, that I last saw the deceased alive on <u>8-7-1949</u> , and that death occurred at <u>2:15</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Glo Phummer, M.D.</u>				23b. ADDRESS <u>Buffalo Mo</u>		23c. DATE SIGNED <u>8-12-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>8-10-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Harmony</u>		24d. LOCATION (City, town, or county) (State) <u>Dallas Co Mo</u>		
DATE REC'D BY LOCAL REG. <u>8/20/49</u>		REGISTRAR'S SIGNATURE <u>Mrs. J. B. Jones</u>		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. B. Jones - Buffalo, Mo.</u>				

RECEIVED

District Health Officer No. 7,

District File Number 7-49-992

Date Filed 8-22-49

Buffalo No. 2508

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

Leonard Jones

Licensed Embalmer No. 2508

P. O. Address Buffalo No

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.