

FILED OCT 14 1949

STANDARD CERTIFICATE OF DEATH

State File No. 29892

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

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>384-A</u>	
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LAWRENCE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MT. VERNON</u>		3	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BAPTIST HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED a. (First) <u>MONZELL</u>			b. (Middle) _____		c. (Last) <u>DUNTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 28 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>APR. 8, 1888</u>		9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>		11. BIRTHPLACE (State or foreign country) <u>AURORA, Lawrence Co., MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>MONZELL BIER</u>		14. NAME OF HUSBAND OR WIFE <u>N.S. DUNTON</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. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>HAROLD DUNTON</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				INTERVAL BETWEEN DEATH AND DEATH CERTIFICATE <u>about 12 hrs.</u>	
		ANTECEDENT CAUSES Morbid 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>Diabetes Mel. &</u>				<u>U701</u> <u>69Y</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Hypertension</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		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>4/28</u> , 19 <u>49</u> , to <u>4/28</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4/28</u> , 19 <u>49</u> , and that death occurred at <u>9:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ray D. Callaway</u>				23b. ADDRESS <u>Springfield Mo</u>		23c. DATE SIGNED <u>10/10/49</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May-1-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Orange Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lawrence Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>10-12-49</u>		REGISTRAR'S SIGNATURE <u>W. Handley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Max L. Fossett</u>		ADDRESS <u>Unknown, Mo</u>	

By W. Handley Registrar's Statement on Reverse Side

APR 11 1900

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 Bernard F. Wright

Licensed Embalmer No. 4293

P. O. Address Springfield, Vt.

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.