

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 19 1949

29992

State File No.

BIRTH NO.		REG. DIST. NO. 133		PRIMARY REG. DIST. NO. 302W		Registrar's No. 65	
1. PLACE OF DEATH a. COUNTY Harrison Co Mo. b. CITY OR TOWN Bethany c. LENGTH OF STAY (in this place) 6 days d. FULL NAME OF HOSPITAL OR INSTITUTION Sullivan Rest Home				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Davies c. CITY OR TOWN Pattonsburg Mo d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) a. (First) Annie b. (Middle) Sophia c. (Last) Dunham				4. DATE OF DEATH (Month) (Day) (Year) Aug 28 1949			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan 24 - 1862	
9. AGE (In years last birthday) 87		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Jackson Co Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Henry Newmeyer		13b. MOTHER'S MAIDEN NAME Mary Pryor		14. NAME OF HUSBAND OR WIFE Dr J. D. Dunham (decd)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dr. J. H. Dunham, Alton Ill.			
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, ashenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocardial degeneration 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. Generalized arteriosclerosis INTERVAL BETWEEN ONSET AND DEATH 4221				19. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 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) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 7/1/49, 19, to 8/24/49, 19, that I last saw the deceased alive on 8/27/49, 19, and that death occurred at 2:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE J. H. Dunham		(Degree or title) M.D.		23b. ADDRESS Alton Ill		23c. DATE SIGNED 8/29/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/31/49		24c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery		24d. LOCATION (City, town, or county) (State) 3 miles East of Pattonsburg Mo	
DATE REC'D BY LOCAL REG. Sept. 6-49		REGISTRAR'S SIGNATURE Zola Burris		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1 Home Funeral Home Pattonsburg Mo			

(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.....

..... Student Embalmer No.

working under my personal supervision.

Signed Robert V. Dunkern

Signed.....
Student Embalmer

Licensed Embalmer No. 4582

P. O. Address Pattonburg, 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.