

FILED OCT 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30051

State File No.

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

BIRTH NO. _____		REG. DIST. NO. <u>144</u>		PRIMARY REG. DIST. NO. <u>4234</u>		Registrar's No. <u>41</u>		
1. PLACE OF DEATH a. COUNTY <u>IRON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>ST. FRANCIS</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>FRONTON</u>		c. LENGTH OF STAY (in the place) <u>26 HRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>BISMARCK</u>		<u>94</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>IRON TON HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>10</u>				
3. NAME OF DECEASED (Type or Print) <u>SHARON ANN</u>			a. (First)		b. (Middle)		c. (Last) <u>DUNLAP</u>	
4. DATE OF DEATH		(Month) <u>Sept.</u>		(Day) <u>5</u>		(Year) <u>1949</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>August 1st 1948</u>		
9. AGE (In years last birthday) <u>14y.</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Bismarck, Mo.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>OCIA DUNLAP</u>		13b. MOTHER'S MAIDEN NAME <u>FRANCIS ELLA BARTON</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Ocia Dunlap</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>Dysentery, acute bacillary</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.				INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u> <u>0454</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)		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>Sept. 4</u> , 19 <u>49</u> , to <u>Sept. 5</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Sept. 5</u> , 19 <u>49</u> , and that death occurred at <u>2:30 P.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Bruce Bull</u>				(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Fronton, Mo.</u>		
23c. DATE SIGNED <u>9-10-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <u>MASONIC</u>		
24d. LOCATION (City, town, or county) (State) <u>BISMARCK</u>		DATE REC'D BY LOCAL REG. <u>Sept. 20-1949</u>		REGISTRAR'S SIGNATURE <u>Mrs. Aris Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>SPARKS FUNERAL HOME</u>		
				ADDRESS <u>BISMARCK MO.</u>				

RECEIVED 9-26-49

District Health Officer No. 4

District File Number 949-1261

Date Filed

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 *Murphy L. Park*

Licensed Embalmer No. 4229

P. O. Address *Hot Springs, Ark.*

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.