

FILED OCT 31 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34355

State File No. _____

63

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5706 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <u>McDonald</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Anderson Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Anderson Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>H. M. S. N. of Anderson</u>		d. STREET ADDRESS (If rural, give location) <u>H. M. S. N. of Anderson</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ISAAC</u> b. (Middle) <u>E.</u> c. (Last) <u>DUNHAM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 15 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>Aug. 18 1877</u>
9. AGE (In years last birthday) <u>72</u>	10. MONTHS <u>1</u>	11. DAYS <u>27</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>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>George Town Child</u>	
11. BIRTHPLACE (State or foreign country) <u>George Town Child</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>James B. Dunham</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Gordon</u>	
14. NAME OF HUSBAND OR WIFE <u>Ana Dunham</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u> (If yes, give war or dates of service) <u>✓</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ana Dunham Anderson, mo.</u> ADDRESS _____	
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* <u>Coronary Thrombosis</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES ☐ NO ☒		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 ☐ NOT WHILE AT WORK ☐	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:04 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>D. M. Murphy, M.D.</u> (Degree or title)		23b. ADDRESS <u>Leavenworth, Mo.</u>	
23c. DATE SIGNED <u>10-15-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Oct 17, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Castle</u>	
24d. LOCATION (City, town, or county) (State) <u>Clearwater, Kansas</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John T. Anderson</u> ADDRESS _____	
DATE REC'D BY LOCAL REG. <u>10-17-49</u>		REGISTRAR'S SIGNATURE <u>Mayme Thompson</u> (Licensed Embalmer's Statement on Reverse Side) <u>R. E. Cheatham</u>	

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

RECEIVED OCT 21 1949
District Health Office No. 6,
District File Number 1049-1132
Date Filed 10-24-49

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 me

Student Embalmer No. ✓

working under my personal supervision.

Student ✓
Student Embalmer

Signed R. E. Cheatham

Licensed Embalmer No. 3813

P. O. Address Anderson, 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.