

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36372**

FILED NOV 21 1949

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1221

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1320 S. 17th</u>	

3. NAME OF DECEASED (Type or Print) <u>Burton Lewis Dunbar Sr.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 7, 1949</u>		
a. (First)		b. (Middle)		c. (Last)	

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>Sept. 19, 1874</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR <u>1</u> Months	IF UNDER 24 HRS. <u>18</u> Hours	IF UNDER 2 HRS. <u>Min.</u>
--------------------	-------------------------------	---	--	---	---------------------------------	----------------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Telegraph Oper.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>St. Joseph depot</u>	11. BIRTHPLACE (State or foreign country) <u>Weston, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	---	---	---

13a. FATHER'S NAME <u>John Dunbar</u>	13b. MOTHER'S MAIDEN NAME <u>Luzerne</u>	14. NAME OF HUSBAND OR WIFE <u>Frances Dunbar</u>
---------------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Frances Dunbar</u>	ADDRESS <u>1320 S. 17th St. Joe</u>
---	--	---	-------------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>36 HOURS</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u>		II. OTHER SIGNIFICANT CONDITIONS		<u>331X</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>ARTERIO SCLEROSIS</u>		
		DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION _____	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) _____	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 NOV. 5, 1949, to NOV. 7, 1949, that I last saw the deceased alive on NOV. 7, 1949, and that death occurred at 10: A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Allen Spierman M.D.</u>	23b. ADDRESS <u>St. Joseph, Mo. 317 KIRKPATRICK BLDG.</u>	23c. DATE SIGNED <u>11-7-49</u>
---	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/9/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. <u>Nov. 12, 1949</u>	REGISTRAR'S SIGNATURE <u>G. L. Jenkins</u>	382	25. FUNERAL DIRECTOR'S SIGNATURE <u>Heaton-Bowman</u>	ADDRESS <u>St. Joseph, Mo.</u>
---	--	-----	---	--------------------------------

(Licensed Embalmer's Statement on Reverse Side) Home

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

Kick Die

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 William Spalding

Signed _____
Student Embalmer

Licensed Embalmer No. 4535

P. O. Address 319 S. 1st St. St. Louis, 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.