

FILED JAN 6 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

40470

State File No.

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 5186 Registrar's No. 447

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u> OR TOWN <u>Randle</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>16</u> OR TOWN <u>Randle</u>	
c. LENGTH OF STAY (in this place) <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>0</u> <u>Cape R.F.D. #1.</u> <u>3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cape Girardeau, R.F.D. #1</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>D.</u>	c. (Last) <u>Dunn</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>12</u> <u>29</u> <u>1949</u>

5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 10, 1884</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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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	11. BIRTHPLACE (State or foreign country) <u>Cape Girardeau, Mo. 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Dunn</u>	13b. MOTHER'S MAIDEN NAME <u>Lizzie McClard</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs Maude Dunn</u>
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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>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Maude Dunn</u>	ADDRESS <u>Cape R.F.D. #1</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Stroke of Apoplexy</u>		INTERVAL BETWEEN ONSET AND DEATH
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>CAPE GIRARDEAU MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12</u> <u>29</u> <u>49</u> <u>7A</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from after death to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7-19 m., from the causes and on the date stated above.

23a. SIGNATURE <u>E.P. Briskley</u> <u>3</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>4.S. Pacific St Cape Gir Mo</u>	23c. DATE SIGNED <u>Dec 29 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/31/1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Iona Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, MO Missouri</u>
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DATE REC'D BY LOCAL REG. <u>12-30-1949</u>	REGISTRAR'S SIGNATURE <u>L. L. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harold Thomas</u>	ADDRESS <u>Cap Girardeau Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

16
0
0

RECEIVED

1-3-50

Health Officer No. Y

File Number 150-24

City Madison

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 Howard R. Thomas

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, 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.