

FILED FEB 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3810**

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 5071 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Nashville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Nashville twp.</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Oronogo, Mo. R#1</u> <u>8 mi. west 1 mi north of Jasper</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>James</u>	b. (Middle) <u>Orlando</u>	c. (Last) <u>DUNLAP</u>	(Month) <u>Feb.</u>	(Day) <u>7,</u>	(Year) <u>1950</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>April 6, 1874</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>John Dunlap</u>	13b. MOTHER'S MAIDEN NAME <u>Melisa Plymate</u>	14. NAME OF HUSBAND OR WIFE <u>Alice Dunlap</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Alice Dunlap, Oronogo, Mo. R#1</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <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>			
*This does not mean the mode of dying, such as heart failure, asthenia; 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 (c)			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> 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) (Min.)	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 Sudden death, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:00pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Saw Hackney</u> (Degree or title) <u>3</u>	23b. ADDRESS <u>Lamar Mo</u>	23c. DATE SIGNED <u>2/10/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 10, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Nashville Cemetery</u>
24d. LOCATION (City, town, or county) <u>Nashville, Mo.</u>		

DATE REC'D BY LOCAL REG. <u>FEB 10 1950</u>	REGISTRAR'S SIGNATURE <u>Marie K... 14</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sharp & Selvey</u>	ADDRESS <u>Jasper, MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED FEB 14 1950
District Health Office No. 6,
District File Number 250-218
Date Filed 2-15-50

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~~ _____

Glen A. Gibbons

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Glen A. Gibbons

Licensed Embalmer No. 4624

P. O. Address Jasper, 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.