

FILED MAR 22 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10068

0940

BIRTH NO. 1249866-5 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 4461 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY <b>ST. FRANCOIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. FRANCOIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BISMARCK</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BISMARCK 0940</b>	
c. LENGTH OF STAY (in this place) <b>LIFE</b>		d. STREET ADDRESS (If rural, give location) <b>D</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Janet</b>		b. (Middle) <b>MARION</b>	
c. (Last) <b>DUNLAP</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>MAR 12 1950</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>MAR 1, 1950</b>
9. AGE (In years last birthday) <b>11 19</b>		IF UNDER 1 YEAR Months Days	
IF UNDER 14 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>BISMARCK, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>OCIA DUNLAP</b>		13b. MOTHER'S MAIDEN NAME <b>FRANCIS ELLEN BARTON</b>	
14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>OCIA DUNLAP Bismarck, Mo.</b>		ADDRESS <b>Bismarck, Mo.</b>	
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* (a) <b>Congenital Heart Lesion</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Infection</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <b>1544</b>	
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) (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 <b>3/11-13 1950</b> , to <b>3-12</b> , 1950, that I last saw the deceased alive on <b>3-12</b> , 1950, and that death occurred at <b>6-8</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) <b>J. H. Gale M.D.</b>		23b. ADDRESS <b>Bismarck, Mo.</b>	
23c. DATE SIGNED <b>3/13/50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>MAR 14, 1950</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>BISMARCK MASONIC</b>		24d. LOCATION (City, town, or county) (State) <b>BISMARCK, MO.</b>	
DATE REC'D BY LOCAL REG. <b>Mar. 15, 1950</b>		REGISTRAR'S SIGNATURE <b>Ether Rudloff</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Shoman-Spuka</b>		ADDRESS <b>Bismarck, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

MAR 21 1950

DISTRICT HEALTH OFFICE No. 4

File No. 350-407

*Handwritten notes:*  
... of ...  
...  
...

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

*Ernest Sparks*

Licensed Embalmer No. \_\_\_\_\_

4287

P. O. Address

*Flat River 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.