

FILED MAY 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14283

State File No.

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>6075</u>		Registrar's No. <u>166</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farmington</u> RURAL <u>St. Francois</u>		c. LENGTH OF STAY (In this place) <u>18Y; 11M; 23 das.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Davisville</u>		0280	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 4</u>				d. STREET ADDRESS (If rural, give location) <u>Unknown</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JEFFERSON</u>			b. (Middle)			c. (Last) <u>DUNLAP</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>April 23 1950</u>							
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>October 1, 1913</u>	9. AGE (In years last birthday) <u>36.6</u>	IF UNDER 1 YEAR Months <u>22</u> Days	IF UNDER 4 HRS. Hours <u></u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Walter Dunlap</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Moses</u>			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Records State Hospital No. 4, Farmington, Mo.</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>General Peritonitis</u>					<u>abt. 3 das.</u>
		ANTECEDENT CAUSES <i>*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> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Acute Appendicitis</u>					<u>1 wk. (?)</u>
		DUE TO (c)					<u>5501</u>
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Psychosis with mental deficiency</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>(imbecile)</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) (m.)		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 <u>Nov. 1, 1949</u> , to <u>April 23, 1950</u> , that I last saw the deceased alive on <u>April 23, 1950</u> , and that death occurred at <u>7:15 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John A. Brennan MD</u>				23b. ADDRESS <u>State Hospital No. 4, Farmington Mo.</u>		23c. DATE SIGNED <u>4-24-50.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial A</u>		24b. DATE <u>4-25-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Czar Tower Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Crawford County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>May 3, 1950</u>		REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Miller Funeral Home, Farmington, Mo.</u>			

(Licensed Embroider's Statement on Reverse Side)

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

No. 300

10.48

1940
2

RECEIVED

MAY 8 1950

EMERALD HEALTH OFFICE No. 4

EMERALD 550-670

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 *Bert J. Miller*

Licensed Embalmer No. *3753*

P. O. Address *Farmington, 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.