

FILED JUN 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21485

State File No. 21485
Registrar's No. 5398

BIRTH. NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2059 20
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>6016 Kingsbury</u>			d. STREET ADDRESS (If rural, give location) <u>6016 Kingsbury</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rose</u> b. (Middle) <u>Bud</u> c. (Last) <u>Dunard</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 19, 1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Jan. 20, 1899</u>	9. AGE (In years, last birthday) <u>51</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Secretarial Work</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Amer. Red Cross</u>	11. BIRTHPLACE (State or foreign country) <u>Lincoln Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Charles Dunard</u>		13b. MOTHER'S MAIDEN NAME <u>Nomie Cox</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
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>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jesse Dunard, 418 Blase Ave.</u>		
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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma - metastasis pulmonary</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of bowel</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary Fibrous infestation of lower bowel</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 mos</u> <u>5 mos</u>
19a. DATE OF OPERATION <u>Dec 1948</u>	19b. MAJOR FINDINGS OF OPERATION <u>Non-removal Carcinoma of Colon. Colostomy at this time</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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>158X</u>	
22. I hereby certify that I attended the deceased from <u>April 1, 1950</u> , to <u>June 17, 1950</u> , that I last saw the deceased alive on <u>June 17, 1950</u> , and that death occurred <u>2:00 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>John V. Lawrence M.D.</u>			23b. ADDRESS <u>634 No Grand Ave St L Mo</u>		23c. DATE SIGNED <u>June 20, 1950</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6-20-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Linn, Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Linn, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>JUN 20 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Lanaster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington Blvd.</u>	

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

NOV 16 1953

Wm

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 me

working under my personal supervision.

Student Embalmer No.....

Signed William L. Baker

Signed.....
Student Embalmer

Licensed Embalmer No. 4699

P. O. Address H. Charles, Md

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.