

FILED JUL 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24249

BIRTH NO.		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 243	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Route 4, Sedalia 0800			
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital				d. STREET ADDRESS (If rural, give location) Route 4			
3. NAME OF DECEASED (Type or Print)		a. (First) ANDREW		b. (Middle) HERMAN		c. (Last) DUNHAM	
4. DATE OF DEATH		(Month) July		(Day) 21		(Year) 1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 11, 1876	
9. AGE (In years last birthday) 74		10. MONTHS 4		11. DAYS 10		12. HOURS Min.	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Farmer retired				10b. KIND OF BUSINESS OR INDUSTRY Agriculture			
11a. BIRTHPLACE (State or foreign country) Williamsburg, Kansas				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME William Dunham				13b. MOTHER'S MAIDEN NAME Mary Johnson			
14. NAME OF HUSBAND OR WIFE Anna May Bullock				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			
16. SOCIAL SECURITY NO. 465-24-6315				17. INFORMANT'S SIGNATURE OR NAME ADDRESS James P. Dunham, Rt. 4, Sedalia,			
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) Pancreatic hemorrhage acute recurrent ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cholecystitis chronic with stones DUE TO (c) Myocarditis chronic atherosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION none				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21a. ACCIDENT SUICIDE HOMICIDE (Specify) none			
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 July 1, 1950, to July 21, 1950, that I last saw the deceased alive on July 21, 1950, and that death occurred at 11:00 a.m., from the causes and on the date stated above.			
23a. SIGNATURE Chas. D. House MD (Degree or title)				23b. ADDRESS Sedalia MO			
23c. DATE SIGNED 7/21/50				24a. BURIAL, CREMATION, REMOVAL (Specify) Removal			
24b. DATE July 23, 1950				24c. NAME OF CEMETERY OR CREMATORY Inglewood Cemetery			
24d. LOCATION (City, town, or county) (State) Los Angeles, Calif.				24e. FINANCIAL DIRECTOR'S SIGNATURE ADDRESS Sedalia, Mo			
24f. DATE REC'D BY LOCAL REG. 7/21/50				24g. REGISTRAR'S SIGNATURE A. J. Campbell M.D. Registrar			
24h. REGISTRAR'S SIGNATURE E. H. Hall Deputy Registrar				24i. REGISTRAR'S SIGNATURE E. H. Hall Deputy Registrar			

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 19 6 19 50

RECEIVED 7-24-50

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 7-24-50

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

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *F. E. Baker*

Licensed Embalmer No. 2419

P. O. Address *Seclavia 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.