

FILED SEP 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

31012

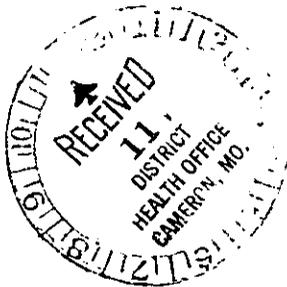
BIRTH NO. _____ REG. DIST. NO. 151 PRIMARY REG. DIST. NO. 3040 Registrar's No. 140

1. PLACE OF DEATH a. COUNTY <u>Lumpkin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lumpkin</u>	
b. CITY OR TOWN <u>Chillicothe</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1025 Elm</u>		d. STREET ADDRESS (If rural, give location) <u>1025 Elm St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William Lanont</u> b. (Middle) <u>Dunlap</u> c. (Last) <u>Dunlap</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8 29 50</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 9, 1878</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR: Months Days IF UNDER 12 HRS. Hours Min.
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>Pennsylvania</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>James Dunlap</u>	
13b. MOTHER'S MAIDEN NAME <u>Edna Owens</u>		14. NAME OF SPOUSE OR WIFE <u>Ruth Dunlap (widow)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Georgia L. Dunlap</u> ADDRESS <u>Chillicothe</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Auricular fibrillation</u> DUE TO (c) <u>Arteriosclerotic heart dis.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile Dementia</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) SUICIDE HOMICIDE	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4200</u>	
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 <u>June 1947</u> , to <u>29 Aug, 1950</u> , that I last saw the deceased alive on <u>29 Aug, 1950</u> , and that death occurred at <u>8:30 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Charles M. Grace M.D.</u>		23b. ADDRESS <u>Chillicothe, Mo</u>	
23c. DATE SIGNED <u>30 Aug 50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Sept-1-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Honey creek</u>	
24d. LOCATION (City, town, or county) (State) <u>Lumpkin Co. Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. Beckett</u> ADDRESS <u>3227-Chillicothe Mo</u>	
DATE REC'D BY LOCAL REG. <u>Aug-30-50</u>		REGISTRAR'S SIGNATURE <u>Frances B Neill</u>	

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

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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 *E. Buck*

Licensed Embalmer No. 3227

P. O. Address Chillicothe 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.