

FILED NOV 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37813

State File No.

BIRTH NO.		REG. DIST. NO. <u>223</u>		PRIMARY REG. DIST. NO. <u>4334</u>		Registrar's No. <u>42</u>	
1. PLACE OF DEATH a. COUNTY <u>Moniteau Co</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Latham, Mo Piolat Grove 4 Hr</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California, Mo Walker</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Latham, Mo</u>				d. STREET ADDRESS (If rural, give location) <u>Gen Del. California, Mo</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Pinkey</u>		b. (Middle) <u>Ann</u>		c. (Last) <u>Dunham</u>	
4. DATE OF DEATH		(Month) <u>Nov</u>		(Day) <u>17</u>		(Year) <u>1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 24, 1861</u>	
9. AGE (In years last birthday) <u>89</u>		10. MONTHS <u>4</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Harden</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>George Dunham</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ray Dunham California</u> ADDRESS <u>Missouri</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>Arteriosclerosis</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4:50 PM</u>			
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) <u>Latham Moniteau Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 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>Oct 2, 1950</u> , to <u>Nov 17, 1950</u> , that I last saw the deceased alive on <u>Nov 12, 1950</u> and that death occurred at <u>6 P M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. D. Brown D.O.</u>				23b. ADDRESS <u>California</u>		23c. DATE SIGNED <u>11/18/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/19/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>High Land Cemt.</u>		24d. LOCATION (City, town, or county) (State) <u>Latham, Mo</u>	
DATE REC'D BY LOCAL REG. <u>11/20/50</u>		REGISTRAR'S SIGNATURE <u>Mrs. F. W. Scott - Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl R. Douglas</u>		ADDRESS <u>California</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

11/28/50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 11/28/50

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed

Earl R. Boulton

Signed _____
Student Embalmer

Licensed Embalmer No. 2126

P. O. Address California

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.