

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41852

State File No. ....

FILED JAN. 4 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 6017 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <b>Ray</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Camden "Rural" Camden Township</b>	c. LENGTH OF STAY (in this place) <b>73 yrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Camden "Rural" Camden Township</b>	d. STREET ADDRESS (If rural, give location) <b>1 mile East of Camden</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1 mile East of Camden</b>		d. STREET ADDRESS (If rural, give location) <b>1 mile East of Camden</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ELBERT</b> b. (Middle) <b>SPENCER</b> c. (Last) <b>CHUNN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>December 16, 1950</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>August 14, 1877</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Days <b>4</b>	IF UNDER 24 HRS. Hours <b>2</b>	Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Camden, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
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13a. FATHER'S NAME <b>J. B. Chunn</b>		13b. MOTHER'S MAIDEN NAME <b>Isabel Hughes</b>		14. NAME OF HUSBAND OR WIFE <b>Melissa Hawkins Chunn</b>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Elbert S. Chunn Camden, Mo.</b>			
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute dilatation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u> DUE TO (c) <u>cerebral hemorrhage</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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?			

22. I hereby certify that I attended the deceased from 10:45 p.m., 1950 Dec 16, 1950 that I last saw the deceased alive on 19 and that death occurred at 10:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. S. Chunn M.D.</u>		(Degree or title)		23b. ADDRESS <u>Richmond</u>		23c. DATE SIGNED <u>12-19-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec. 18, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Craven Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Camden, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>12-21-50</b>		REGISTRAR'S SIGNATURE <u>Helen G. Larkin</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thurman Funeral Home</u> <b>Richmond, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0890



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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, ~~XXXX~~.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed William L. Thurman.....

Licensed Embalmer No. 4563.....

P. O. Address Richmond, 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.