S. No. 300
v. 10-48

FILED JAN 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2285

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3061 Registrar's No. 13

0942

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

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Flat River, Mo.
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 114 East Main Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St. Francoi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Flat River 0942
d. STREET ADDRESS (If rural, give location): 114 East Main Street

3. NAME OF DECEASED (Type or Print)
a. (First): Donald
b. (Middle): Eugene
c. (Last): Dunn

4. DATE OF DEATH (Month) Jan. (Day) 8 (Year) 1951

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): child 0
8. DATE OF BIRTH: Sept 12, 1949
9. AGE (In years last birthday): 1 — IF UNDER 1 YEAR: Months 3, Days 26 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Flat River, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U S

13a. FATHER'S NAME: Harry Dunn
13b. MOTHER'S MAIDEN NAME: Bessie Barnes
14. NAME OF HUSBAND OR WIFE: child

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Harry Dunn Flat River, Mo.

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) Intestinal Influenza Dysentery — INTERVAL BETWEEN ONSET AND DEATH: about 1 wk.

ANTECEDENT CAUSES
Morbid 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. 0 48X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/7, 1951, *to* 1/8, 1951, *that I last saw the deceased alive on* 1/8, 1951, *and that death occurred at* 3:15p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. Farrar MD
23b. ADDRESS: Flat River Mo
23c. DATE SIGNED: 1/11/51

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 1/11/51
24c. NAME OF CEMETERY OR CREMATORY: Gibson Cemetery
24d. LOCATION (City, town, or county) (State): Flat River, Mo.

DATE REC'D BY LOCAL REG.: Jan. 12, 1951
REGISTRAR'S SIGNATURE: Esther Rudloff
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: C. L. Boyer & Son Desloge Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JAN 15 1951
DISTRICT HEALTH OFFICE No. 4
File No. .....

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 C. Z. Boyer

Licensed Embalmer No. 1671

P. O. Address Dealage Mo

Signed .....
Student Embalmer

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.