

FILED APR 30 1951

STANDARD CERTIFICATE OF DEATH

For New York State File No. 12109
17

BIRTH NO. _____ REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 5836 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Howell</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mountain View, Mo</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Mountain View, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>Rural # 2, 0460</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			d. STREET ADDRESS (If rural, give location) <u>Rural # 2, 0460</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>John A.</u> b. (Middle) <u>A.</u> c. (Last) <u>Dunlap</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 14 1951</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 21 1878</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Milan Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Jack Dunlap</u>		13b. MOTHER'S MAIDEN NAME <u>Ann West</u>		14. NAME OF HUSBAND OR WIFE <u>Grace Dunlap</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Grace Dunlap</u> ADDRESS <u>Mtn View, Mo</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Auto Intoxication</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Cerebral Paralysis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 or 4 days</u> <u>2 yrs</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>352x</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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>Jan</u> , 19 <u>57</u> , to <u>Apr 14</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>Apr 13</u> , 19 <u>57</u> , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <u>R. A. Newins</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Mountain View Mo</u>		23c. DATE SIGNED <u>4-17-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 17 51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mtn View Cem</u>	24d. LOCATION (City, town, or county) (State) <u>mountain View, Mo</u>		
DATE REC'D BY LOCAL REG. <u>4-19-1951</u>	REGISTRAR'S SIGNATURE <u>Laura Mitchell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Luncan</u>	ADDRESS <u>Funeral Home mtn view, Mo</u>		

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

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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED APR 23 1951

Dist. File

731-858

Date Filed

4-23-51

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed.....

John F. Luman

Licensed Embalmer No. 2516.

P. O. Address New York 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.