

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15796

State File No.

FILED JUN 6 1951

BIRTH NO.		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>151</u>	
1. PLACE OF DEATH a. COUNTY <u>CALLAWAY</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>FULTON</u> c. LENGTH OF STAY (in this place) <u>2 WKS</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CALLAWAY HOSPITAL</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CALLAWAY</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>FULTON</u> d. STREET ADDRESS (If rural, give location) <u>7th ST.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTIN</u> b. (Middle) <u>BASKETT</u> c. (Last) <u>DUNHAM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 1 1951</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>AUG. 10, 1873</u>		9. AGE (In years last birthday) <u>77</u>		10. IF UNDER 1 YEAR: Months <u>9</u> Days <u>21</u>	
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>attendant at state hospital</u>		11b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>IRVIN DUNHAM</u>		13b. MOTHER'S MAIDEN NAME <u>MARY NEWSON</u>		14. NAME OF HUSBAND OR WIFE <u>ELIZABETH DUNHAM</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. Martin Dunham</u> ADDRESS <u>Fulton 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Carcinoma of left lung</u> DUE TO (b) <u>hilar</u> DUE TO (c) <u>Recurring massive effusion</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>2 to 3 yrs</u> <u>1 month</u>	
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)		20. AUTOPSY? YES ☐ NO ☐	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>18 May, 1951</u> , to <u>1 June, 1951</u> , that I last saw the deceased alive on <u>June 1, 1951</u> , and that death occurred at <u>8:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. L. L. L. L. L.</u> (Degree or title) <u>(MD)</u>				23b. ADDRESS <u>Fulton Mo</u>		23c. DATE SIGNED <u>2 June 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/3/1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Reichland Cemetery</u>		24d. LOCATION (Give street and county) (State) <u>Callaway Co., Mo</u>	
DATE REC'D BY LOCAL REG. <u>June 3-1951</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. J. Lawrence</u> ADDRESS <u>Fulton Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JUN 4 1951

DISTRICT HEALTH OFFICE No. 4

JUL 17 1951
File No.

JUN 8 1955

JUL 26 1954

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

Walter J. Haines Jr.

Licensed Embalmer No. 4557

P. O. Address Fulton, 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.