

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21812**

FILED JUL 6 - 1951

REG. DIST. NO. **339** PRIMARY REG. DIST. NO. **6149** Registrar's No. **13**

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

1. PLACE OF DEATH a. COUNTY Stoddard,		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Duck Creek T.S.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Puxico Rural Duck Creek T.S.	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) Levi		b. (Middle) S.	
		c. (Last) Dunn,	
4. DATE OF DEATH (Month) (Day) (Year) 6 26 1951		5. SEX M	
6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH June 12 1887		9. AGE (In years last birthday) (If UNDER 1 YEAR: Months) (If UNDER 12 HRS. Days) (Hours) (Min.) 64 14	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Vieanna Illinois,		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Henry M. Dunn		13b. MOTHER'S MAIDEN NAME Mary E. Simmons,	
14. NAME OF HUSBAND OR WIFE Orpha Dunn Wife		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Yes No 1.6-28-1918 7-19-1919	
16. SOCIAL SECURITY NO. 7-19-1919		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Orpha Dunn Puxico 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) Arterio sclerosis 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4500	
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)	
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 1-16, 1951 , to 6-26, 1951 , that I last saw the deceased alive on 6/19, 1951 , and that death occurred at 7:40 P m. , from the causes and on the date stated above.			
23a. SIGNATURE H. Killings		23b. ADDRESS Puxico Mo.	
23c. DATE SIGNED 6/30/51			
24a. BURIAL CREMATION, REMOVAL (Specify)		24b. DATE 6-29-1951	
24c. NAME OF CEMETERY OR CREMATORY Puxico Missouri		24d. LOCATION (City, town, or county) (State) Puxico Missouri	
DATE REC'D BY LOCAL REG. 6-30-51		REGISTRAR'S SIGNATURE Flora M. ...	
25. FUNERAL DIRECTOR'S SIGNATURE Watkins Service		ADDRESS Puxico Mo.	

RECEIVED

JUL 5 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

961 07 705

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 Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.