

No. 300  
10-48

FILED AUG 1 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24025

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 4413 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY OR TOWN <u>FRANKFORD</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>St. Louis</u>	<u>2109</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HIGHWAY 61</u>		d. STREET ADDRESS (If rural, give location) <u>4660 GREER</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>HAZE</u> b. (Middle) <u>Jannita</u> c. (Last) <u>McClendon</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 10, 1951</u>			
5. SEX <u>3 FEMALE</u>	6. COLOR OR RACE <u>COLORED</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JANUARY 18, 1918</u>	9. AGE (In years last birthday) <u>33</u>	# UNDER 1 YEAR Months <u>4</u> Days <u>22</u>	# UNDER 10 HRS. Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Private Home</u>		11. BIRTHPLACE (State or foreign country) <u>Meridian, Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>TURNER DUNGY</u>	13b. MOTHER'S MAIDEN NAME <u>LOUISA JACKSON FLYNN</u>	14. NAME OF HUSBAND OR WIFE <u>Willie</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>?</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Jesse A. Dungy 4660 Greer St. Louis, 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Basal skull fracture</u>		
	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. <u>E816 4 26</u>			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 61</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Frankford Pike MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 10 - 51 2P</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>automobile accident</u>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased deceased on June 10, 1951, and that death occurred at 2P m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. L. Mudd Coroner</u> (Degree or title) <u>3</u>	23b. ADDRESS <u>Baseling Green Mo</u>	23c. DATE SIGNED <u>7-9-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 10 - 51</u>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) <u>St. Louis MO</u>
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DATE REC'D BY LOCAL REG. <u>July 14, 1951</u>	REGISTRAR'S SIGNATURE <u>Berniece Callery</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>J. L. Mudd Baseling Green Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

2870  
3

JUL 20 1951

AUG 21 1951

REC'D  
AUG 2 1951

Date Received: JUL 28 1951

DISTRICT HEALTH OFFICE #2

District File Number 7-51-1339

Date Filed: JUL 28 1951

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.....

*James C. Mudd*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4152

P. O. Address *Baveling Green, 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.