.S. No. 300
EV. 10.48

1140

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

FILED JUL 23 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26023

BIRTH NO. _____ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 6277 Registrar's No. 28

1. PLACE OF DEATH
a. COUNTY: Wright
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Boone Twp
c. LENGTH OF STAY (in this place): 40 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Wright
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Boone Twp. 1140
d. STREET ADDRESS (If rural, give location): 8 Miles West Hartville

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

4. DATE OF DEATH (Month) (Day) (Year): 7 4 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 8-30-1874
9. AGE (In years last birthday): 76 — If under 1 year: Months 10, Days 4 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Webster County, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Michiel Dunn
13b. MOTHER'S MAIDEN NAME: Martha J. Weaver
14. NAME OF HUSBAND OR WIFE: Enie Jones Dunn
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: Hadley Dunn
ADDRESS: Hartville, 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) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: years

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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 151 x
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* July 1, 1951, *to* July 4, 1951, *that I last saw the deceased alive on* July 4, 1951, *and that death occurred at* 2:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Worthington M.D.
23b. ADDRESS: Hartville Mo.
23c. DATE SIGNED: July 6-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-6-1951
24c. NAME OF CEMETERY OR CREMATORY: Pleasant Hill
24d. LOCATION (City, town, or county) (State): Wright County Mo.

DATE REC'D BY LOCAL REG.: 7-20-51
REGISTRAR'S SIGNATURE: 348 E. Farmer
25. FUNERAL DIRECTOR'S SIGNATURE: Gene E. Holden
ADDRESS: Hartville, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUL 21 1951
WRIGHT CO. HEALTH DEPT.
County File Number 251-76
Date Filed July 21 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 .....

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Gene E. Holden

Licensed Embalmer No. 3865

P. O. Address Hartville, 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.