

5. No. 30
v. 30-40

FILED SEP 14 1951

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 27625

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 298

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

1. PLACE OF DEATH a. COUNTY <u>Maxion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrison</u>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saxton</u>	1890
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>ST. ELIZABETH Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>R. F. D.</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Floyd</u>	b. (Middle) <u>Nicholas</u>	c. (Last) <u>Dunn</u>	(Month) <u>Aug.</u>	(Day) <u>28</u>	(Year) <u>1951</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Feb. 7, 1944</u>	9. AGE (In years last birthday) <u>7</u>	10. MONTH <u>6</u>	11. DAY <u>21</u>	12. HOUR <u>1</u>	13. MIN. <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Harrison Maxion</u>		12. CITIZEN OF WHAT COUNTRY?		

13a. FATHER'S NAME <u>Josiah Dunn</u>	13b. MOTHER'S MAIDEN NAME <u>Lucille Williamson</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Josiah Dunn Saxton, Mo</u>	ADDRESS
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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>Spontaneous Volvulus of 17</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>mal of the small bowel</u> DUE TO (c) <u>around the mesentery</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>		24hr.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12⁰⁰ p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>K.B. Noctor M.D.</u> (Degree or title)	23b. ADDRESS <u>Hannibal, Mo</u>	23c. DATE SIGNED <u>9-5-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-31-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Genevieve Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Saxton Ralls Mo</u>
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DATE REC'D BY LOCAL REG. <u>9-10-51</u>	REGISTRAR'S SIGNATURE / OFFICE <u>M. E. M. Luecke</u>	FUNERAL DIRECTOR'S SIGNATURE <u>James O'Connell</u>	ADDRESS <u>Hannibal, Mo</u>
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RECEIVED SEP 12 1951
MARION CO. HEALTH DEPT.
DATE FILED SEP 13 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 Michael J. O'Hanneil

Licensed Embalmer No. 3246

P. O. Address. Hannibal, 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.