

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

33079

State File No.

No. 300
10.48

320

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

FILED NOV 14 1951

BIRTH NO.		REG. DIST. NO. <u>99</u>		PRIMARY REG. DIST. NO. <u>5376</u>		Registrar's No. <u>52</u>	
1. PLACE OF DEATH a. COUNTY <u>DeKalb</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>DeKalb</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mayesville (Rural)</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Mayesville (Rural)</u> <u>0320</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>SARAH</u>		b. (Middle) <u>ELLEN</u>		c. (Last) <u>DUNHAM</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb. 23 1868</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Hamilton Mo.</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Henry J. McBrayer</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen McFee</u>		14. NAME OF HUSBAND OR WIFE <u>James Dunham</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>John Dunham Mayesville Mo.</u> ADDRESS			
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) <u>Cerebral Vascular accident</u> ANTECEDENT CAUSES <u>arteriosclerosis, glaucoma</u> DUE TO (b) <u>arteriosclerosis, glaucoma</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>				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) (Min.)		21e. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Aug</u> , 1951, to <u>Oct 18</u> , 1951, that I last saw the deceased alive on <u>Oct 15</u> , 1951, and that death occurred at <u>8 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>John H. Schweigert M.D.</u> (Degree or title)				23b. ADDRESS <u>Mayesville Mo.</u>		23c. DATE SIGNED <u>10/25/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>10-21-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shambaugh-Cope</u>		24d. LOCATION (City, town, or county) (State) <u>Wentherby Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-30-51</u>		REGISTRAR'S SIGNATURE <u>Isaac D. Dandridge</u> <u>82</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>PILCHER FUNERAL HOME</u> ADDRESS <u>LAYSVILLE MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)



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

E. T. Fitcher
E. T. Fitcher

Licensed Embalmer No. 3960

P. O. Address Mayssville 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.