

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34581

BIRTH NO.		REG. DIST. NO. 275		PRIMARY REG. DIST. NO. 3053		Registrar's No. 176	
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dent			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla c. LENGTH OF STAY (in this place) 8 wks				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Anutt 0330			
d. FULL NAME OF HOSPITAL OR INSTITUTION Phelps County Memorial Hospital				d. STREET ADDRESS (If rural, give location) /			
3. NAME OF DECEASED (Type or Print) MISSOURI		a. (First) BELLE		c. (Last) DUNHAM		4. DATE OF DEATH (Month) (Day) (Year) Oct/ 8 1951	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Apr. 3, 1870	
9. AGE (In years last birthday) 81		10. UNDER 1 YEAR Months		11. UNDER 1 YEAR Days		12. UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Dent County, Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph Warren Case		13b. MOTHER'S MAIDEN NAME Eliza Malone		14. NAME OF HUSBAND OR WIFE J. Francis Dunham, Deceased.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mamie Ousley St. James, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>apoplexy</i> 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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>MI</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>MI</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>MI</i>		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 Aug, 1951, to Oct 8, 1951, that I last saw the deceased alive on 10-1, 1951, and that death occurred at 11:30 P. M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Lislie Randall MD</i>		23b. ADDRESS <i>Licking Mo.</i>		23c. DATE SIGNED <i>10-8-51</i>			
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 10, 1951		24c. NAME OF CEMETERY OR CREMATORY Anutt Cemetery		24d. LOCATION (City, town, or county) (State) Anutt, Dent Co., Mo.	
DATE REC'D BY LOCAL REG. Oct. 9, 1951		REGISTRAR'S SIGNATURE <i>Nadine L. Steel</i>		380		25. FUNERAL DIRECTOR'S SIGNATURE <i>B. L. Niles</i> ADDRESS <i>Rolla Mo</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 17 1953

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 _____

S. B. Miller

Signed.....

Student Embalmer

Licensed Embalmer No. 3397

P. O. Address Rolla, 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.