

FILED NOV 19 1951

STANDARD CERTIFICATE OF DEATH

36831

State File No.

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 127

0352
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Indiana</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fennett, mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bicknell (rural)</u> <u>8730</u>	
c. LENGTH OF STAY (in this place) <u>45 min.</u>		d. STREET ADDRESS (If rural, give location) <u>7 miles east of Bicknell</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>300 St. Francis Street</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>YELMA</u> b. (Middle) <u>Jewel</u> c. (Last) <u>DUNIGAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 4 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>May 6 1918</u>		9. AGE (in years last birthday) <u>33</u>		IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					

13a. FATHER'S NAME <u>John Wesley Priest</u>		13b. MOTHER'S MAIDEN NAME <u>Maudie Lee Qualls</u>		14. NAME OF HUSBAND OR WIFE <u>Orland Dunigan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Brownda M. Minor</u> ADDRESS <u>Hartford Ky.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Heart Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Instantly</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Chronic rheumatic heart</u>			
		DUE TO (c) <u>Spock due to the loss of a brother</u>			
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		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

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 3:10 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter A. Hawthorn</u> (Degree or title)		23b. ADDRESS <u>Fennett mo</u>		23c. DATE SIGNED <u>10-5-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Nov-7-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows</u>	
				24d. LOCATION (City, town, or county) (State) <u>Petersburg, Ind</u>	
DATE REC'D BY LOCAL REG. <u>11-6-1951</u>		REGISTRAR'S SIGNATURE <u>Paul H. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Baldwin Funeral Service, Inc.</u> ADDRESS <u>Kennett Mo.</u>	

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 11-9-51

COUNTY FILE NUMBER 1151-300

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 Paul A. Moore

Signed.....
Student Embalmer

Licensed Embalmer No. 4636

P. O. Address Hamlet, 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.