FILED JAN 3 - 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42623

BIRTH NO. _____ REG. DIST. NO. 299 PRIMARY REG. DIST. NO. 6035 Registrar's No. 19

1. PLACE OF DEATH

a. COUNTY: Reynolds

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 1 Mi. S of Bates

c. LENGTH OF STAY (in this place): 37 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: Missouri b. COUNTY: Reynolds

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, 700

d. STREET ADDRESS (If rural, give location): 1 Mi S of Bates

3. NAME OF DECEASED (Type or Print): a. (First) ETTA b. (Middle) ALICE c. (Last) DUNN

4. DATE OF DEATH (Month) (Day) (Year): Dec. 27 1951

5. SEX: fem

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Mar. 11 1897

9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months 9 Days 16 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Carter Co. Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Wiley Kent

13b. MOTHER'S MAIDEN NAME: Melvena Shepherd

14. NAME OF HUSBAND OR WIFE: Marion 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.: no

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Marion Dunn West Fork 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) Mitral Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 3 or 4 yrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Artheritis — 3 yrs.

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: 410X

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): Black River Reynolds Mo

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* May 1, 1946, *to* Dec. 27, 1951, *that I last saw the deceased alive on* Dec 1, 1951, *and that death occurred at* 8-45A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. M. Fitzpatrick MD

23b. ADDRESS: Lesterville

23c. DATE SIGNED: 12/28/51

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 12-28-51

24c. NAME OF CEMETERY OR CREMATORY: Meyers Cem.

24d. LOCATION (City, town, or county) (State): Black Missouri

DATE REC'D BY LOCAL REG.: 12/28/51

REGISTRAR'S SIGNATURE: C. M. Fitzpatrick 275

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: White Funeral Home, Ironton Mo. Ansel Wheeler

(Licensed Embalmer's Statement on Reverse Side)

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

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 Was not embalmed, Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed Ancel J. White

Licensed Embalmer No. 3012

P. O. Address Trenton Ind.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.