

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1043**

FILED JAN 15 1952

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **2**

0427

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

1. PLACE OF DEATH a. COUNTY HENRY			2. USUAL RESIDENCE (When deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY HENRY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLINTON		c. LENGTH OF STAY (In this place) 6 HRS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DEEPWATER 0420		
d. FULL NAME OF HOSPITAL OR INSTITUTION WETZEL			d. STREET ADDRESS (If rural, give location) 0		
3. NAME OF DECEASED (Type or Print) a. (First) NOAH b. (Middle) ELMER c. (Last) DUNNING			4. DATE OF DEATH (Month) (Day) (Year) 1 1 52		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Oct 23-1898		9. AGE (In years last birthday) 53 IF UNDER 1 YEAR Month 2 Day 8 IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Dealer		10b. KIND OF BUSINESS OR INDUSTRY Strip coal mine		11. BIRTHPLACE (State or foreign country) Deepwater, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Noah A. Dunning			
13b. MOTHER'S MAIDEN NAME Mary Manbeck		14. NAME OF HUSBAND OR WIFE Eva Dunning			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 490-05-8764		17. INFORMANT'S SIGNATURE OR NAME Eva Dunning-Deepwater, Mo. RD	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock					
2. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 90% body laceration DUE TO (c) 2 in x 3 in laceration					
3. 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 SOURCE (Specify) HOME		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) JACKSON MINE		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) HENRY MO.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 1 1 52		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? FUEL OIL EXPLOSION	
22. I hereby certify that I attended the deceased from 10:20 AM 1-1-1952 to 4:45 PM 1-1, 1952, that I last saw the deceased alive on 1-1, 1952, and that death occurred at 4:45 m., from the causes and on the date stated above.					
23a. SIGNATURE [Signature]			23b. ADDRESS D.O. 105 E OHIO CLINTON MO		23c. DATE SIGNED 1-2-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 3-52		24c. NAME OF CEMETERY OR CREMATORY Maplewood Cem	
24d. LOCATION (City, town, or county) (State) Brownington, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]			
DATE REC'D BY LOCAL REG. Jan-7-52		REGISTRAR'S SIGNATURE [Signature]		ADDRESS Tom Hunt, Deepwater, Mo.	

RECEIVED JAN 14 1952

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed JAN 14 1952

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 *Tom Hual* _____

Licensed Embalmer No. *2782* _____

P. O. Address *Deepwater ms* _____

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.