

FILED JUN 23 1952

STANDARD CERTIFICATE OF DEATH

State File No. 19445

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 673

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Mo b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) St Joseph		c. CITY (If outside corporate limits, write RURAL and give township) St Joseph	
c. LENGTH OF STAY (in this place) 264-0012		d. STREET ADDRESS (If rural, give location) 809 Ardenmar St	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph Hospital #2			

3. NAME OF DECEASED (Type or Print) Grace		b. (Middle) Ann		c. (Last) Dunbar		4. DATE OF DEATH (Month) (Day) (Year) 6 13, 1952	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 1890 6 2	
9. AGE (In years last birthday) 62		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) Mo 0	
12. CITIZEN OF WHAT COUNTRY America		13a. FATHER'S NAME Alexander Dunbar		13b. MOTHER'S MAIDEN NAME Jessie Combs		14. NAME OF HUSBAND OR WIFE —	

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. none		17. INFORMANT'S SIGNATURE OR NAME (If deceased) Alexander Dunbar St Joseph			
--	--	---------------------------------	--	---	--	--	--

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) Decompensated heart				INTERVAL BETWEEN ONSET AND DEATH 1 yr	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis				2 yrs	
		DUE TO (c) Mental deficient				lifetime	
		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 4500		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 6-13, 1952, to 6-13, 1952, that I last saw the deceased alive on 6-13, 1952, and that death occurred at 11 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. J. [Signature] M.D.		23b. ADDRESS St. Joseph Hospital #2		23c. DATE SIGNED 6-13-1952	
--	--	--	--	-------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/16/52		24c. NAME OF CEMETERY OR CREMATORY Mt. Mora Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph Mo	
---	--	----------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG JUN 17, 1952		REGISTRAR'S SIGNATURE Carl C. [Signature]		446-25. FUNERAL DIRECTOR'S SIGNATURE Victor Barry		ADDRESS St. Joseph Mo	
---	--	--	--	--	--	--------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

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

0117  
2

**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.

Signed Victor Barry

Signed .....  
Student Embalmer

Licensed Embalmer No. 4212

P. O. Address St Joseph 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.