

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23584**

FILED JUL 23 1952

BIRTH NO. _____ REG. DIST. NO. **27** PRIMARY REG. DIST. NO. **3005** Registrar's No. **72**

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) Butler		c. CITY (If outside corporate limits, write RURAL and give township) Butler 0071	
c. LENGTH OF STAY (In this place) 1 1/2 hrs.		d. STREET ADDRESS (If rural, give location) 600 E. Pine 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Butler Memorial Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Cornelia	b. (Middle)	c. (Last) Dunning	4. DATE OF DEATH (Month) (Day) (Year) July 14 1952
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5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Jan. 8 1890	9. AGE (In years last birthday) 62	10. UNDER 1 YEAR Months 6 Days 6	11. UNDER 24 HRS. Hours 6 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Clinton, Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Alexander Webster	13b. MOTHER'S MAIDEN NAME Emma Jane	14. NAME OF HUSBAND OR WIFE Ernest Dunning
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Frank Crouch	ADDRESS Butler, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes mellitus DUE TO (c) Essential hypertension		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Diabetic ulcer, Rt. leg - secondarily infected	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Murder	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Butler, Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 260x
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22. I hereby certify that I attended the deceased from **July 10 1952**, to **July 14 1952**, that I last saw the deceased alive on **7-14, 1952**, and that death occurred at **10:50 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thomas P. Kovalick M.D.	23b. ADDRESS Butler, Mo.	23c. DATE SIGNED 7-15-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 17, 1952	24c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery	24d. LOCATION (City, town, or county) (State) Butler Mo.
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DATE REC'D BY LOCAL REG. July 16-52	REGISTRAR'S SIGNATURE Murdell Kervin	25. FUNERAL DIRECTOR'S SIGNATURE Clara Underwood	ADDRESS Butler, Mo.
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed.....

Robert B. Stumberg

Licensed Embalmer No. 4657

P. O. Address Butler, 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.

JUL 29 1982