No. 300
10.48

FILED AUG 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26860

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 335 PRIMARY REG. DIST. NO. 4492 Registrar's No. 30

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

1. PLACE OF DEATH
a. COUNTY SCOTT 10-0-0 1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ORAN
c. LENGTH OF STAY (in this place) 68 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ORAN

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MISSOURI b. COUNTY SCOTT 10-0-0
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ORAN 0
d. STREET ADDRESS (If rural, give location) ORAN

3. NAME OF DECEASED (Type or Print) a. (First) MARK b. (Middle) C. c. (Last) DUNN

4. DATE OF DEATH (Month) AUG. (Day) 8 (Year) 1952

5. SEX MALE 1
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1
8. DATE OF BIRTH OCT. 24-1880
9. AGE (In years last birthday) 71 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) LINVILLE ILLINOIS 1
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME DAVID DUNN
13b. MOTHER'S MAIDEN NAME ANNA ??
14. NAME OF HUSBAND OR WIFE DORA E. 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. 487-18-5495
17. INFORMANT'S SIGNATURE OR NAME DORA E. DUNN ADDRESS ORAN, 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) Sudden Death Unknown — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Natural Causes 1 hour
DUE TO (c) Probably Coronary Hemorrhage

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 4201
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)

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* 8/8/52 *19*__, *to* 8/8/ *19*52, *that I last saw the deceased alive on* 8/8/ *19*52, *and that death occurred at* 1:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) W. Dunn M.D.
23b. ADDRESS B&H Bldg Chaffee Mo
23c. DATE SIGNED 8/9/52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 1
24b. DATE AUG. 10 1952
24c. NAME OF CEMETERY OR CREMATORY LORIMIER
24d. LOCATION (City, town, or county) CAPE GIRARDEAU (State) MO.

DATE REC'D BY LOCAL REG. aug 11-52
REGISTRAR'S SIGNATURE Mrs Fred Bryling 4402
25. FUNERAL DIRECTOR'S SIGNATURE Earl J. Smith ADDRESS ORAN, MO.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 8-13-52
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 852-246

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 Earl J. Smith

Licensed Embalmer No. 2676

P. O. Address Oran, 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.