No. 300
10-48

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

FILED AUG 18 1952

State File No. 27139

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 210

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

**1. PLACE OF DEATH**
a. COUNTY: BOONE 0105 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): COLUMBIA
c. LENGTH OF STAY (in this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNIVERSITY HOSPITAL

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: BOONE 0105
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): COLUMBIA 0
d. STREET ADDRESS (If rural, give location): 1139 W. Broadway

**3. NAME OF DECEASED** (Type or Print)
a. (First): BESSIE
b. (Middle): "DUNN"
c. (Last): MAHAN

**4. DATE OF DEATH** (Month) (Day) (Year): AUG 5th 1952

**5. SEX**: FEMALE /
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): WIDOWED 2
**8. DATE OF BIRTH**: DEC. 28, 1885
**9. AGE** (In years last birthday): 66 — IF UNDER 1 YEAR: Months 7, Days 7 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): HOUSE WIFE
**10b. KIND OF BUSINESS OR INDUSTRY**: HOUSEWIFE
**11. BIRTHPLACE** (State or foreign country): CARROLL CO. MO. 0
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: W. W. DUNN
**13b. MOTHER'S MAIDEN NAME**: KITTIE WINFREY
**14. NAME OF HUSBAND OR WIFE**: J. B. MAHAN

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): NO — (If yes, give war or dates of service): NO
**16. SOCIAL SECURITY NO.**: NO
**17. INFORMANT'S SIGNATURE OR NAME**: J. B. MAHAN — ADDRESS: R.4 COLUMBIA 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) Thrombosis inferior vena cava

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

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* Generalized edema

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**: none
**19b. MAJOR FINDINGS OF OPERATION**: none 466 X
**20. AUTOPSY?** YES [X] 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* Aug 4, 1952 *to* Aug 5, 1952 *that I last saw the deceased alive on* Aug 4, 1952 *and that death occurred at* 2:30A.M. *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): M. Eugene Wrinkle
**23b. ADDRESS**: Columbia Mo
**23c. DATE SIGNED**: 8-5-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE**: AUG. 7 1952
**24c. NAME OF CEMETERY OR CREMATORY**: OLD UNION CEM.
**24d. LOCATION** (City, town, or county) (State): BOONE CO. MO.

**DATE REC'D BY LOCAL REG.**: Aug 9 1952
**REGISTRAR'S SIGNATURE**: Mrs R. E. Palmer 31-0
**25. FUNERAL DIRECTOR'S SIGNATURE**: WILLETT F.H. R.O. Willett
**ADDRESS**: COLUMBIA.

(Licensed Embalmer's Statement on Reverse Side)

## 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 [illegible]

Signed .....
Student Embalmer

Licensed Embalmer No. 3183

P. O. Address Columbia 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.