

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **27188**

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| BIRTH NO. _____ | | REG. DIST. NO. <u>42</u> | | PRIMARY REG. DIST. NO. <u>1000</u> | | Registrar's No. <u>837</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> <u>0110</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u> c. LENGTH OF STAY (In this place) <u>7 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>R.F.D. # 3 Nursing Home</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Buchanan</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u> d. STREET ADDRESS (If rural, give location) <u>RR #3</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u> b. (Middle) <u>Veronica</u> c. (Last) <u>Dunham</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 4, 1952</u> | | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>Nov. 13, 1865</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 9. AGE (In years last birthday) <u>86</u> | | 11. BIRTHPLACE (State or foreign country) <u>Hermann, Missouri</u> | |
| 13a. FATHER'S NAME <u>Vincent Nolte</u> | | 13b. MOTHER'S MAIDEN NAME <u>Catherine Bernd</u> | | 14. NAME OF HUSBAND OR WIFE <u>David Dunham</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>C.A. Scharnhorst, Hermann, Mo.</u> | | | |
| 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) <u>Arterio-sclerosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u> ANTECEDENT CAUSES Morbidity 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. | | | |
| 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) (Min.) _____ | | 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 <u>April</u> , 1952, to <u>August</u> , 1952, that I last saw the deceased alive on <u>Aug. 31</u> , 1952, and that death occurred at <u>9:00 P.</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>John E. Smith, M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>Wathams Kanon</u> | | 23c. DATE SIGNED <u>8-6-52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>8/7/1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Highland Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Hamilton Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>Aug 11, 1952</u> | | REGISTRAR'S SIGNATURE <u>Carl C. City</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Barry</u> ADDRESS <u>224 S. 10</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

Victor Barry

Licensed Embalmer No. *224 421*

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.