

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27868

No. 300
10.48

FILED SEP 8 - 1952

State File No.

REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 4221 Registrar's No. 62

BIRTH NO.		REG. DIST. NO. <u>139</u>		PRIMARY REG. DIST. NO. <u>4221</u>		Registrar's No. <u>62</u>	
1. PLACE OF DEATH a. COUNTY <u>Holt</u> <u>0440</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u> <u>0440</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mound City</u>		c. LENGTH OF STAY (If in hospital or institution) <u>Lifetime</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Liberty Twp.</u> <u>0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mound City</u>				d. STREET ADDRESS (If rural, give location) <u>2 mi N.E. Of Mound City</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u>		b. (Middle) <u>Earl</u>		c. (Last) <u>Dunkleberger</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 3, 1952</u>	
5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 14, 1883</u>	9. AGE (In years last birthday) <u>69</u>	# UNDER 1 YEAR Months	# UNDER 12 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Jeramiah Dunkleberger</u>		13b. MOTHER'S MAIDEN NAME <u>Lidia Shunkwiler</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Jane Dunkleberger</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-34-7597</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Earl Dunkleberger, Mound City,</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>Coronary Occlusion</u>				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) _____ 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 <u>4201</u>		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 9-3, 1952 to 9-3, 1952, that I last saw the deceased alive on 9-3, 1952, and that death occurred at 12:15 p.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. B. Perry, M.D.</u>		23b. ADDRESS <u>Mound City, Mo</u>		23c. DATE SIGNED <u>9-5-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/5/1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Hope Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Mound City, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James H. Crawford</u>		ADDRESS <u>Mound City, Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-5-1952</u>		REGISTRAR'S SIGNATURE <u>James H. Crawford</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James H. Crawford</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

James H. Crawford

Licensed Embalmer No. *4796*

P. O. Address *Mound City, 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.