

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30900**

FILED OCT 15 1952

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>5136</u> Registrar's No. <u>460</u>	
1. PLACE OF DEATH a. COUNTY Butler			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Butler		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural Bever Dam		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural Bever Dam		0120
d. FULL NAME OF HOSPITAL OR INSTITUTION Harviell R. F. D.			d. STREET ADDRESS (If rural, give location) Harviell R. F. D.		
3. NAME OF DECEASED (Type or Print) a. (First) Charley b. (Middle) Mason c. (Last) Dunlap			4. DATE OF DEATH (Month) (Day) (Year) Sept 26, 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 5, 1886	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Crawford Ill.		12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME Harrison Dunlap		13b. MOTHER'S MAIDEN NAME Mary Ellen Goff	14. NAME OF HUSBAND OR WIFE Emma Mae Dunlap		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or date of service)		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Chas. Dunlap Harviell, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Failure DUE TO (c) Coronary Thrombosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		4281
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>1-51</u> , 19 <u>52</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:30 Am.</u> , from the causes and on the date stated above.					
23a. SIGNATURE Dr. Markil Mo. (Degree or title)			23b. ADDRESS Capla Bldg Mo		23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 28/52	24c. NAME OF CEMETERY OR CREMATORY Kinsey		24d. LOCATION (City, town, or county) (State) Butler Co. Mo.	
DATE REC'D BY LOCAL REG. 10-10-52		REGISTRAR'S SIGNATURE Wm. H. Johnson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gish Funeral Home Naylor, Mo.	

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

RECEIVED

OCT 14 1952

BUTLER CO. HEALTH CENTER

FILE No. 1052-500

OCT 17 1952

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

Bryan McCord

Licensed Embalmer No. 4079

P. O. Address Naylor, 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.