

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38410

State File No. _____

FILED NOV 26 1952

REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 5474 Registrar's No. 166

400

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

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>	
b. CITY OR TOWN <u>RURAL JEFFERSON</u>		c. CITY OR TOWN <u>RURAL JEFFERSON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. 70# 1/2 Trenton Mo</u>		d. STREET ADDRESS (If rural, give location) <u>R 70# 1/2 Trenton Mo</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>ALONZO</u> c. (Last) <u>DUNN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-21-52</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 24, 1875</u>
9. AGE (In years last birthday) <u>77</u> 10. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Trenton Mo</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>James Dunn</u>	
13b. MOTHER'S MAIDEN NAME <u>Margene Studley</u>		14. NAME OF HUSBAND OR WIFE <u>Ocie Dunn</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>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Wm Dunn</u>		ADDRESS <u>Trenton 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, asphyxia, 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> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-Sclerotic Heart Disease</u> DUE TO (c) <u>Arterial Hypertension</u> 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>4200</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) <u>4200</u>	
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)		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>11-11-1952</u> to <u>11-21-1952</u> that I last saw the deceased alive on <u>11-21-1952</u> and that death occurred at <u>10:30</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Wm Dunn</u> (Degree or title)		23b. ADDRESS <u>Trenton Mo</u>	
23c. DATE SIGNED <u>11-22-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	
24b. DATE <u>11-28-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shelburn Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Trenton Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Davis-Blackburn</u> ADDRESS <u>Trenton Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-22-52</u>		REGISTRAR'S SIGNATURE <u>Irene Fair</u> <u>1150</u>	

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 _____

Licensed Embalmer No. 3424

P. O. Address _____

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.