No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39324

FILED DEC 10 1952

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 5645 Registrar's No. 92

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

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): No

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lawrence
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aurora, Missouri 0551
d. STREET ADDRESS (If rural, give location): General Delivery

3. NAME OF DECEASED (Type or Print)
a. (First): Sarah
b. (Middle): Florence
c. (Last): Dunkle

4. DATE OF DEATH (Month) 11 (Day) 30 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 29-1863
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Clinton Co. Indiana
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: David Halley
13b. MOTHER'S MAIDEN NAME: Mary Fagg
14. NAME OF HUSBAND OR WIFE: L. J. Dunkle

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: W. J. Dunkle, Aurora, Mo. — ADDRESS

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): Coronary Thrombosis

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ 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* Nov. 30, 1952, *to* Nov. 30, 1952, *that I last saw the deceased alive on* ——, 1952, *and that death occurred at* 10:50 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. J. Hirron M.D.
23b. ADDRESS: Aurora, Mo.
23c. DATE SIGNED: Dec 1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-3-1952
24c. NAME OF CEMETERY OR CREMATORY: Meyers Cemetery
24d. LOCATION (City, town, or county) (State): Near Girard Kansas

DATE REC'D BY LOCAL REG.: Dec. 1, 1952
REGISTRAR'S SIGNATURE: Ora McNett 157-
25. FUNERAL DIRECTOR'S SIGNATURE: Miles Ed Dorsey — ADDRESS: Girard Kansas

(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 Miles Ed Dorsey, Student Embalmer No. No, working under my personal supervision.

Student No
Student Embalmer

Signed Miles Ed Dorsey

Licensed Embalmer No. 2437

P. O. Address Girard Kansas

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.