

FILED FEB 1 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1029

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 80

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

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Mr. Vernon 'Rural'	
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist Hospital		d. STREET ADDRESS (If rural, give location) 0550	

3. NAME OF DECEASED (Type or Print) a. (First) Edith b. (Middle) Dunbar c. (Last) Dunbar			4. DATE OF DEATH (Month) (Day) (Year) Jan 23 1953		
5. SEX F	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 3, 1869	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (State or foreign country) De Witt Co. Ill.		12. CITIZEN OF WHAT COUNTRY? 1

13a. FATHER'S NAME J. J. Jones	13b. MOTHER'S MAIDEN NAME Mary Harold	14. NAME OF HUSBAND OR WIFE R. J. Dunbar
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Lilliz M. Pilling, sister, Mr. Vernon	ADDRESS Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pancreatitis		INTERVAL BETWEEN ONSET AND DEATH 2 days
	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. 5870			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan 28 1953**, to **Jan 23, 1953**, that I last saw the deceased alive on **Jan 23, 1953**, and that death occurred at **6:30 Am.**, from the causes and on the date stated above.

23a. SIGNATURE R. J. Dunbar (Degree or title) M.D.	23b. ADDRESS Springfield, Mo	23c. DATE SIGNED 1-23-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-25-53	24c. NAME OF BEMETERY OR CREMATORY Camp Ground Cemetery	24d. LOCATION (City, town, or county) (State) Chesapeake Mo.
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DATE REC'D BY LOCAL REG. 1-29-53	REGISTRAR'S SIGNATURE Ernest Williamson, Registrar	25. FUNERAL DIRECTOR'S SIGNATURE W. J. Fossett	ADDRESS MTU Mo.
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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 me

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed H O Fossett

Licensed Embalmer No. 2201

P. O. Address mt Vernon Va

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.