

FILED FEB 9 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4540

BIRTH NO. _____		REG. DIST. NO. 352		PRIMARY REG. DIST. NO. 6187		Registrar's No. 6	
1. PLACE OF DEATH a. COUNTY <u>Taney</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Taney</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Protem</u>		c. LENGTH OF STAY (In this place) <u>years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Protem 1860</u>		d. STREET ADDRESS (If rural, give location) <u>rural Protem</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>rural Protem</u>				d. STREET ADDRESS (If rural, give location) <u>rural Protem</u>			
3. NAME OF DECEASED (Type or Print) <u>ZEPHANIAH DUNN</u>			a. (First)			b. (Middle)	
c. (Last)			4. DATE OF DEATH		5. SEX <u>Male</u>		
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan 10, 1872</u>		9. AGE (In years last birthday) <u>81</u> <u>0</u> <u>19</u>	
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>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>John Dunn</u>		13b. MOTHER'S MAIDEN NAME <u>Celia Stafford</u>		14. NAME OF HUSBAND OR WIFE <u>Josephine Dunn</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Joe H. Dunn Federal Ark</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>3 2/3</u>	
*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) <u>Bronchopneumonia 2.9.53</u>					
		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. <u>Arteriosclerosis Heart</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>162x</u>				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)			
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?			
22. I hereby certify that I attended the deceased from <u>Jan 10<sup>th</sup></u> , 19 <u>52</u> , to <u>Jan 29<sup>th</sup></u> , 19 <u>53</u> that I last saw the deceased alive on <u>Jan 29<sup>th</sup></u> , 19 <u>53</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph H. Dunn</u> (Degree or title)				23b. ADDRESS <u>Federal Ark</u>		23c. DATE SIGNED <u>2/3/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/1/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brown Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cedar Creek Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-7-53</u>		REGISTRAR'S SIGNATURE <u>J. E. Loggins 376</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Funeral Home Fayette Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

060  
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MAR 13 1953

MAR 16 1953

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 Walter S Cobb

Licensed Embalmer No. 4731

P. O. Address Fayette, 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.