

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9666**

FILED MAR 16 1953

0470

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

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4235 Registrar's No. 4

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Iron | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Iron | |
| b. CITY OR TOWN Annapolis | | c. CITY OR TOWN Annapolis | |
| c. LENGTH OF STAY (In this place) <u>Life</u> | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) LeRoy c. (Last) Dunn | | | 4. DATE OF DEATH (Month) (Day) (Year) March 7, 1953 |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single | 8. DATE OF BIRTH May 20, 1879 |
| 9. AGE (In years last birthday) 73 | | IF UNDER 1 YEAR Months 9 Days 17 | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer | | 10b. KIND OF BUSINESS OR INDUSTRY Mo-Pac Railway | 11. BIRTHPLACE (City and State or Foreign Country) Reynolds County, Mo. |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |
| 13a. FATHER'S NAME Robert A. Dunn | | 13b. MOTHER'S MAIDEN NAME Matilda Seal | 14. NAME OF HUSBAND OR WIFE not married |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Willard Dunn, Annapolis, Mo. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>White Supercutaneous</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</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. | | ANTECEDENT CAUSES | |
| Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) <u>Mysocarditis</u> | |
| | | DUE TO (c) <u></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 | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | <u>002x</u> | |
| 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) (Min.) | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:30P</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>C. H. Howell</u> (Degree or title) <u>3</u> | | 23b. ADDRESS <u>Carlton Houston med.</u> | 23c. DATE SIGNED <u>3-8-53</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>March 9, 53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Annapolis Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Annapolis, Missouri</u> |
| DATE REC'D BY LOCAL REG. <u>3-14-53</u> | REGISTRAR'S SIGNATURE <u>Mrs. Aris Jones</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home</u> | ADDRESS <u>Iron ton, Mo.</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 Arvel White.....

Licensed Embalmer No. 3012.....

P. O. Address Ironton, 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.