

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11089

State File No. \_\_\_\_\_

FILED APR 3 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 305 PRIMARY REG. DIST. NO. 6047 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Cuivre</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2709</u>	
c. LENGTH OF STAY (in this place) <u>2 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>2215a Warren</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>2 miles North of Wentzville</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Rushel</u>	b. (Middle) <u>Oscar</u>	c. (Last) <u>Dunn</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 21, 1953</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>Sept 8, 1927</u>	9. AGE (In years) (Specify birthday) (Month) (Day) (Hours) (Min.) <u>25</u> <u>6</u> <u>13</u>
-----------------------	----------------------------------	--	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Machine shop</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Arkansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	---	---

13a. FATHER'S NAME <u>Clay Dunn</u>	13b. MOTHER'S MAIDEN NAME <u>Amanda Sherrel</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Mae Dunn</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>Yes</u> <u>W.W. B</u>	16. SOCIAL SECURITY NO. <u>491-26-1463</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Anna Mae Dunn</u>	ADDRESS <u>2215a Warren St. Louis</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull Fracture &amp; Internal Injuries</u>		
	ANTECEDENT-CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Auto Accident</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>092 E8234 32</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway #61</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Near Wentzville? NO St. Charles</u>
---	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>March, 21, 1953</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Car ran off Highway</u>
---	---	--

22. I hereby certify that I attended the deceased from ~~XXXXXX~~ I viewed the body March 21, 1953 last saw the deceased alive on 19, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE <u>Meritt Michener</u>	(Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Wentzville, Mo</u>	23c. DATE SIGNED <u>March 21-53</u>
--	-------------------------------------	---------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-24-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>
--	-----------------------------	--	--

DATE REC'D BY LOCAL REG <u>March 27 1953</u>	REGISTRAR'S SIGNATURE <u>Walter F. Duff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Boyd</u>	ADDRESS <u>Price</u>
---	--	--	-------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

APR 7 1985

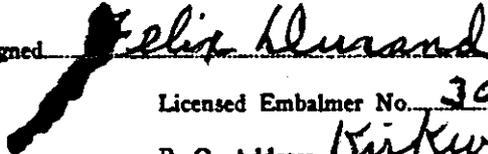
STATEMENT BY LICENSED EMBALMER

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. 3034

P. O. Address Kirkwood 22 7

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.