

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20888

FILED JUL 14 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 237

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton, Mo</u>		c. LENGTH OF STAY (in this place) <u>5 mo; 2 days</u>	c. CITY OR TOWN <u>Cedar city</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No 1</u>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) <u>FANNIE</u>		a. (First) _____ b. (Middle) <u>J</u> c. (Last) <u>DUNN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 3 1953</u>
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	8. DATE OF BIRTH <u>24 March 1868</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Callaway County, Mo</u>		9. AGE (in years last birthday) <u>84</u> IF UNDER 1 YEAR Months <u>3</u> IF UNDER 2 HRS. Hours <u>12</u> Min.	
13a. FATHER'S NAME <u>Fielding Stubblefield</u>		13b. MOTHER'S MAIDEN NAME <u>Ophelia McKee</u>	14. NAME OF HUSBAND OR WIFE <u>unk</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unk</u>		16. SOCIAL SECURITY NO. <u>unk</u>	17. INFORMANT'S SIGNATURE OR NAME <u>State Hospital Records</u> ADDRESS <u>Fulton, Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <u>(b) Arterio Sclerotic Heart Dis^c Hypertension Congestive</u>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Generalized Arterio Sclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) <u>Senile Phycosis. Hypostatic Pleurisy</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (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 31 Jan 1953 to 3 July 1953, that I last saw the deceased alive on 3 July 1953, and that death occurred at 8:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>A. H. Fowler (L.C.S.W.) MD</u>	(Degree or title)	23b. ADDRESS <u>Fulton, Mo</u>	23c. DATE SIGNED <u>3 July 1953</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>July 5 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Holt Summit Mo</u>

DATE REC'D BY LOCAL REG. <u>July 8 1953</u>	REGISTRAR'S SIGNATURE <u>Marilla Lawrence</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Holt & Claycoffer</u>	ADDRESS <u>New Bloomfield</u>
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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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Le Roy Claypool*

Licensed Embalmer No..... 4

P. O. Address *New Bl*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.