FILED JUL 27 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25572

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 100

1. PLACE OF DEATH
a. COUNTY: Livingston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chillicothe
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 439 Cherry

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Livingston
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chillicothe
d. STREET ADDRESS (If rural, give location): 439 Cherry St.

3. NAME OF DECEASED (Type or Print)
a. (First): Maude
b. (Middle): Mae
c. (Last): Dunkin

4. DATE OF DEATH (Month) (Day) (Year): July 20 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 20 1880
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Browning, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John P. Gilmer
13b. MOTHER'S MAIDEN NAME: Mary Purdin
14. NAME OF HUSBAND OR WIFE: Harvey H. Dunkin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Carl Gilmer
ADDRESS: Chillicothe Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Hemorrhage. — INTERVAL BETWEEN ONSET AND DEATH: 16 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension.
DUE TO (c):

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: 331 X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept 21, 19 51, *to* July 20, 19 53, *that I last saw the deceased alive on* July 14, 19 53, *and that death occurred at* 7:10 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Joseph F. Gale (Degree or title): M.D.
23b. ADDRESS: Chillicothe Mo
23c. DATE SIGNED: 7-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 22 1953
24c. NAME OF CEMETERY OR CREMATORY: Jenkins
24d. LOCATION (City, town, or county) (State): Browning, Mo.

DATE REC'D BY LOCAL REG.: 7-21-53
REGISTRAR'S SIGNATURE: Frances B. Neill
25. FUNERAL DIRECTOR'S SIGNATURE: Norman Funeral Home
ADDRESS: Chillicothe Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Emmett E. Emerett

Licensed Embalmer No. 4748

P. O. Address Chillicothe, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.