.S. No. 300
EV. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26027

BIRTH NO. AUG 6 - 1953 REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 4554 Registrar's No. 27

0930

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

1. PLACE OF DEATH
a. COUNTY: St. Clair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Monegaw Springs
c. LENGTH OF STAY (in this place): 50 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri b. COUNTY: St. Clair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Monegaw Springs 0930
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Otto b. (Middle): M. c. (Last): Dunn

4. DATE OF DEATH (Month) (Day) (Year): July 7 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec; 7, 1867
9. AGE (In years last birthday): 85 — 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): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Indiana
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: George Dunn
13b. MOTHER'S MAIDEN NAME: Addie Bolton
14. NAME OF HUSBAND OR WIFE: Mayme Dunn

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

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) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary Emphasis — 6 weeks
DUE TO (c) Myocarditis & Arteriosclerosis — History

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: 4221
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): July 5 1953
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* June 20, 1953, *to* July 7, 1953, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 1 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G B Donnan D.O.
23b. ADDRESS: Fourty City Mo.
23c. DATE SIGNED: 7/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/10/53
24c. NAME OF CEMETERY OR CREMATORY: Benton Green
24d. LOCATION (City, town, or county) (State): Roscoe Missouri.

DATE REC'D BY LOCAL REG.: July 31, 1953
REGISTRAR'S SIGNATURE: Cleo Abney 285
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: T B Goodrich Osceola Mo

(Licensed Embalmer's Statement on Reverse Side)

AUG 6 1952

NOV 4 1952

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 J B Goodrich

Licensed Embalmer No. 3038

P. O. Address Osceola 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.