

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH34793  
48-  
State File No. \_\_\_\_\_

FILED OCT 6 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 4315 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Sullivan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> COUNTY <b>Sullivan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Mulan</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Mulan</b>	
c. LENGTH OF STAY (in this place)		1050	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>Thomas Allen</b>			b. (Middle) <b>Dunlap</b>		
c. (Last) <b>Dunlap</b>			9. 23-1953		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday)	IF UNDER 1 YEAR
		<b>married</b>	<b>11-30-1881</b>	<b>72</b>	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
<b>retired farmer</b>				<b>Sullivan Co Mo 0</b>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	
<b>US</b>		<b>Jack Dunlap</b>		<b>Anne E West</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME	
<b>no</b>				<b>Donna Schoene</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		14. NAME OF HUSBAND OR WIFE			ADDRESS
		<b>Elzie Sevier</b>			<b>Mulan Mo</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<b>pulmonary infection</b>			<b>contant</b>
*This does not mean the mode of dying, such as heart failure, asthenia, 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)			<b>arteriosclerotic heart disease 10 years</b>
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			<b>carcinoma of prostate ?</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
					<b>4200H</b>

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)			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 **Sept 19, 1953** to **Sept 22, 1953**, that I last saw the deceased alive on **Sept 22, 1953**, and that death occurred at **5:12 m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)		23b. ADDRESS		23c. DATE SIGNED	
<b>Howard Carter M.D.</b>		<b>Browning, Mo</b>		<b>Sept 25, 1953</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY	
<b>Burial</b>		<b>9-25-53</b>		<b>Oakwood Cem</b>	
				24d. LOCATION (City, town, or county) (State)	
				<b>Mulan - Mo</b>	

DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<b>Sept 30, 1953</b>		<b>Mrs. H. B. Harris</b>		<b>Dorothy Dehorne</b>		<b>Mulan - Mo</b>	

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 Dwight Schoene

Licensed Embalmer No. 2667

P. O. Address Urbana - 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.