

FILED DEC 14 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39524

State File No.

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 4249 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hillsboro</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>SALEM Mo 0330</u>	
c. LENGTH-OF-STAY (in this place) <u>6 days</u>		d. STREET ADDRESS (If rural, give location) <u>RURAL 1/2 miles South SALEM</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cedar Grove Nursing</u>			
3. NAME OF DECEASED a. (First) <u>LABON</u>		b. (Middle) <u>EULLEN</u>	
c. (Last) <u>DUNLAP</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 18 '53</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>April 18 1882</u>	
9. AGE (In years last birthday) Months Days Hours Min. <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	
11. BIRTHPLACE (State or foreign country) <u>Crawford Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>William H. Dunlap</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Anna Capps</u>	
14. NAME OF HUSBAND OR WIFE <u>Effie Dunlap</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jewell Dunlap</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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage with left hemiplegia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial hypertension</u> DUE TO (c) 2. 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 <u>331X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) <u>SUICIDE</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>SALEM Mo</u>	
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 <u>Nov. 15, 1953</u> to <u>Nov. 18, 1953</u> that I last saw the deceased alive on <u>Nov. 18, 1953</u> and that death occurred at <u>5 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Thomas A. Donnell M.D.</u>		23b. ADDRESS <u>Desoto, Mo.</u>	
23c. DATE SIGNED <u>11-18-53</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>Nov 21-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Salem Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl H. Spencer</u>	
25. ADDRESS <u>Salem Mo</u>		DATE REC'D BY LOCAL REG. <u>11-18-53</u>	
REGISTRAR'S SIGNATURE <u>Kristleon Marsden</u>		14-0	

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

0500 +

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED DEC 9 1953

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *Carl H. Jensen*

Licensed Embalmer No. *2370*

P. O. Address *Salmon 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.