

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

242

State File No.

27

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Davless</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	c. LENGTH OF STAY (in this place) <u>5 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Winston</u> <u>0310</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rural- no number given</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>H.</u> b. (Middle) <u>Craig</u> c. (Last) <u>Dunn</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>January 10-1954</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>July 6th, 1890</u> 9. AGE (In years last birthday) <u>63 Yrs</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> IF UNDER 1 HR. Hours <u>0</u> Min. <u>0</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman- Fox Bilt</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>feed co, Des Moines,</u>	11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Franklin P. Dunn</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Maude Doyle</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Edna (Jackson) Dunn</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>W. W. #1 yes</u>	16. SOCIAL SECURITY NO. <u>495-05-3932</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Edna (Jackson) Dunn, Winston, Mo.</u>	ADDRESS <u>Winston, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>3 min.</u> <u>7 days</u> <u>7 days</u>	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Rupture</u>	DUE TO (b) <u>Myocardial Infarct</u>		
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>	DUE TO (c) <u>Coronary Thrombosis</u>		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1-4, 1954, to 1-10, 1954, that I last saw the deceased alive on 1-9, 1954, and that death occurred at 9:45a m., from the causes and on the date stated above.

22a. SIGNATURE <u>[Signature]</u>	22b. ADDRESS <u>106 Francis St. Joseph Mo</u>	22c. DATE SIGNED <u>1-11-54</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>(Burial)</u>	24b. DATE <u>Jan. 12-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Mora Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>Jan 13, 1954</u>	REGISTRAR'S SIGNATURE <u>Bother M. Allison</u>	425-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Meierhoffer</u>	ADDRESS <u>St. Joseph, Missouri.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 22 1954

OCT 27 1954

FEB 1 1954

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

Raymond W. Morehead
Licensed Embalmer No. 4413

P. O. Address St. Joseph, Missouri

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.