

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

2259

FILED FEB 1. 1954

BIRTH NO.

REG. DIST. NO. 274

PRIMARY REG. DIST. NO. 3052

Registrar's No. 77 21

1. PLACE OF DEATH

a. COUNTY Pettis

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia

c. LENGTH OF STAY (in this place) 26 yrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)

a. STATE Missouri

b. COUNTY Pettis

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia Rural (Smithton)

d. STREET ADDRESS (If rural, give location) R.F.D.#2, 9mi.S.E., Sedalia

3. NAME OF DECEASED (Type or Print)

a. (First) NEWELL

b. (Middle) R.

c. (Last) DUNHAM

4. DATE (Month) (Day) (Year)

OF DEATH January 24, 1954

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH

Nov. 17, 1905

9. AGE (In years last birthday)

48

IF UNDER 1 YEAR Months Days

IF UNDER 1 Hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter

10b. KIND OF BUSINESS OR INDUSTRY Manufacturing

11. BIRTHPLACE (City and State or Foreign Country) Maysville, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME

Charles A. Dunham

13b. MOTHER'S MAIDEN NAME

Georgia E. Rutherford

14. NAME OF HUSBAND OR WIFE

Inez L. Dunham

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. 702-16-3115

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Inez Dunham, Sedalia, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

Coronary occlusion

German Sclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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 (Month) (Day) (Year) (Hour) OF INJURY

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 as Coroner, 18, that I last saw the deceased alive on 18, and that death occurred at 1:00 P. m., from the causes and on the date stated above.23a. SIGNATURE Chas. Inez Dunham23b. ADDRESS Coroner, Pettis Co23c. DATE SIGNED 1-25-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE

1/27/1954

24c. NAME OF CEMETERY OR CREMATORY

Highland Mem. Gardens

24d. LOCATION (City, town, or county)

Sedalia, Missouri

(State)

DATE REC'D BY LOCAL REG. 1/27/1954

REGISTRAR'S SIGNATURE

W. G. Campbell

25. FUNERAL DIRECTOR'S SIGNATURE

O. W. Decker

ADDRESS

Sedalia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

GILLESPIE FUNERAL HOME

JUN 2 1954

MAY 26 1954
JUN 1 1954

FEB 1

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

Russell C. Maag

Licensed Embalmer No.

4804

P. O. Address

Sedalia, 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.