

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**8365**

State File No. ....

No. 300  
10.48

4.00  
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. <b>FL</b> <b>MAR 28 1954</b>		REG. DIST. NO. <b>132</b>	PRIMARY REG. DIST. NO. <b>5481</b>	Registrar's No. <b>51</b>
1. PLACE OF DEATH a. COUNTY <b>Grundy</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Grundy</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Laredo-Rural-Wilson</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Laredo-Rural-Wilson 0400</b>		
c. LENGTH OF STAY (in this place) <b>40 years</b>		d. STREET ADDRESS (If rural, give location) <b>2 mi West Laredo</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2 mi West Laredo</b>		d. STREET ADDRESS (If rural, give location) <b>2 mi West Laredo</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Will</b>		b. (Middle) <b>Dunlap</b>		c. (Last) <b>Dunlap</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>March 21 1954</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 13 1874</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR <b>79</b> Months <b>11</b> Days <b>8</b> Hours <b>Min.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret Former</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (State or foreign country) <b>Grundy County Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>				
13a. FATHER'S NAME <b>Freeman Dunlap</b>		13b. MOTHER'S MAIDEN NAME <b>Rebecca M Buchanan</b>		14. NAME OF HUSBAND OR WIFE <b>Jessie Dunlap</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Jessie M. Dunlap Laredo</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Distal Regurgitation</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death <b>Chronic Chest wall</b>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>410X H</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) (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 <b>May 1944</b> to <b>March 21, 1954</b> , that I last saw the deceased alive on <b>Dec 19, 1954</b> , and that death occurred at <b>2:30 P.M.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>E. J. Robertson</b>		(Degree or title) <b>Trenton Mo</b>		23b. ADDRESS <b>Trenton Mo</b>
23c. DATE SIGNED <b>3/24/54</b>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3/24/1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Rural Dale Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Trenton Mo</b>
DATE REC'D BY LOCAL REG. <b>3-24-1954</b>		REGISTRAR'S SIGNATURE <b>Gene J. ...</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>E. J. Robertson Funeral Home Laredo</b>

47 38 01 AM '57

MAY 26 1957

MAY 14 1957

APR 24 1957

**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. Robertson*

Licensed Embalmer No. *4388*

P. O. Address *Laredo 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.