

STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

BIRTH NO. FILED APR 12 1954 REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5661 Registrar's No. 35

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| 1. PLACE OF DEATH a. COUNTY <u>Lewis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ewing, Rural, Highland</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ewing, Rural - Highland Township</u> | |
| c. LENGTH OF STAY (In this place) <u>47</u> | | d. STREET ADDRESS (If rural, give location) <u>11</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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|---|------------|----------------------------|-----------------------|---|
| 3. NAME OF DECEASED (Type or Print) <u>HELENA</u> | a. (First) | b. (Middle) <u>CECILIA</u> | c. (Last) <u>Dunn</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 7 1954</u> |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Sept. 29, 1906</u> | 9. AGE (In years last birthday) <u>47</u> | IF UNDER 1 YEAR Months | IF UNDER 2 HRS. Hours | IF UNDER 15 MIN. Min. |
|----------------------|-------------------------------|---|--|---|------------------------|-----------------------|-----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>General</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri, Highland Township</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>George Wierchen</u> | 13b. MOTHER'S MAIDEN NAME <u>Philippine Kaiser</u> | 14. NAME OF HUSBAND OR WIFE <u>Emmett E. Dunn</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>No</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Emmett E. Dunn, Ewing, Mo.</u> | ADDRESS |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apparent Strychnine Poisoning</u> | | |
| | ANTECEDENT CAUSES DUE TO (b) <u>Menopause</u> | | |
| DUE TO (c) | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Concussions E9711</u> | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>Note left indicating intentions</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Ewing Rural Lewis Mo.</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Apr. 7 1954 7:30 PM</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Self-inflicted</u> |

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ a. m., from the causes and on the date stated above.

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|---|-------------------|----------------------------------|--------------------------------|
| 22a. SIGNATURE <u>Paul H. Buckley Coroner</u> | (Degree or title) | 22b. ADDRESS <u>Clinton, Mo.</u> | 22c. DATE SIGNED <u>4/9/54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>April 10, 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Queen of Peace</u> | 24d. LOCATION (City, town, or county) (State) <u>Ewing, Lewis Co. Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>4-9-54</u> | REGISTRAR'S SIGNATURE <u>P.W. Jennings, Mod.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Ball</u> | ADDRESS <u>Ewing, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

560

APR 28 1944

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 Thomas Ball.....

Licensed Embalmer No. 1744.....

P. O. Address Ewing, 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.