No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9547

BIRTH NO. FILED APR 8 1954 REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 59

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

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayti
c. LENGTH OF STAY (in this place): 3 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pemiscot Mem Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pemiscot
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayti. 0781
d. STREET ADDRESS (If rural, give location): Pemiscot Mem Hosp

3. NAME OF DECEASED (Type or Print)
a. (First): Fraunetta
b. (Middle): None
c. (Last): Dunbar

4. DATE OF DEATH (Month) (Day) (Year): Mar 21 54

5. SEX: Fe 3
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /
8. DATE OF BIRTH: 18 Mar 14
9. AGE (In years last birthday): 40 — IF UNDER 1 YEAR: Months / Days 3 — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Homemaking
11. BIRTHPLACE (State or foreign country): Damascus, Arkansas /
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Cain
13b. MOTHER'S MAIDEN NAME: Etta Duly
14. NAME OF HUSBAND OR WIFE: Burnice Dunbar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Burnice Dunbar, Gen Del Netherlands, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Placenta Praevia - marginal — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Multiparity — —
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: 6482
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 OF INJURY (Month) (Day) (Year) (Hour) m.
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* 21 Mar 1954, *to* 21 Mar 1954, *that I last saw the deceased alive on* 21 Mar 1954, *and that death occurred at* 8:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. Wooke MDO
23b. ADDRESS: Caruthersville, Mo
23c. DATE SIGNED: 22 Mar 1954

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 28 March 54
24c. NAME OF CEMETERY OR CREMATORY: Mt Carmel Cemetery
24d. LOCATION (City, town, or county) (State): Concord, Mo.

DATE REC'D BY LOCAL REG.: 3-23-54
REGISTRAR'S SIGNATURE: John W. German 406
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: C. B. Woods, Cville, Mo

(Licensed Embalmer's Statement on Reverse Side)

B-67-54

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

APR 6 1954

APR 8 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 C. B. Moore

Licensed Embalmer No. 4833

P. O. Address Caruthersville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.