

STANDARD CERTIFICATE OF DEATH

State File No.

9608

FILED MAR 16 1954

BIRTH NO. REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) Rolla		c. LENGTH OF STAY (in this place) 3 Wks.	c. CITY OR TOWN Rural, 8 Mi. South Rolla
d. FULL NAME OF HOSPITAL OR INSTITUTION 699 Salem Avenue		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) Lecoma Star Rt. Rolla Mo., 0819	

3. NAME OF DECEASED (Type or Print) BURLO	a. (First)	b. (Middle) NESNUS	c. (Last) DUNN	4. DATE OF DEATH Feb. 27, 1954
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH March 24, 1874	9. AGE (in years last birthday) 79	10. UNDER 1 YEAR Months	11. UNDER 24 HRS. Days	12. UNDER 24 HRS. Hours	13. UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Retired	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Shannon County, Missouri 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Dunn	13b. MOTHER'S MAIDEN NAME Ella Fudge	14. NAME OF HUSBAND OR WIFE Amanda Brown Dunn (Deceased)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. XX	17. INFORMANT'S SIGNATURE OR NAME Mrs. Jess Shelden, 699 Salem, Rolla Mo.,	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, asphyxia, 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)	Cardio-vascular-renal disease		6 weeks
ANTECEDENT CAUSES	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Hypertension, nephritis & arteriosclerosis		4 or 5 yrs
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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	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 May 1953, 19, to Feb 27, 1954, that I last saw the deceased alive on Feb 27, 1954 and that death occurred at 11:45P m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Richard E. Meyer M.D.	23b. ADDRESS Newburg, Mo.	23c. DATE SIGNED Feb 28, 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 7, 1954	24c. NAME OF CEMETERY OR CREMATORY Rhea Cemetery	24d. LOCATION (City, town, or county) (State) Near, Rolla Mo.,
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DATE REC'D BY LOCAL REG. Mar. 8, 1954	REGISTRAR'S SIGNATURE Nadine L. Stoll	380 - 25. FUNERAL DIRECTOR'S SIGNATURE By S. L. Miller	ADDRESS Rolla Mo.,
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Filed 3/15/54
Number 230

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.....
Signature of Student Embalmer

Signed..... *S. L. Miller*

Licensed Embalmer No..... 230

P. O. Address Rolla, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.