

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10945**  
Registrar's No. **7**

FILED MAR 23 1954  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **353** PRIMARY REG. DIST. NO. **6196**

1. PLACE OF DEATH a. COUNTY <b>Texas</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Texas</b>	
b. CITY OR TOWN <b>Licking</b>		c. CITY OR TOWN <b>Licking</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>Life</b>		e. STREET ADDRESS (If rural, give location) <b>1070 0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Edward</b> b. (Middle) <b>Franklin</b> c. (Last) <b>Dunlap</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Mar 10, 1954</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Sept 8, 1876</b>	9. AGE (In years last birthday) <b>77-</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General Merch.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Keokuk, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Clark C. Dunlap</b>		13b. MOTHER'S MAIDEN NAME <b>Mary H. Dunlap</b>		14. NAME OF HUSBAND OR WIFE <b>Edna D. 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. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <b>Edna D. Dunlap</b> ADDRESS <b>Licking, Mo</b>	

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 <b>3 months</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary &amp; cardiac arrest</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary occlusion</b> DUE TO (c) <b>Cardio vascular renal syndrome</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>right lobar pneumonia</b>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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 **Dec 1953**, to **March 8, 1954**, that I last saw the deceased alive on **March 8, 1954**, and that death occurred at **1:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>B.G. Myers D.O.</b> (Degree or title)	23b. ADDRESS <b>Licking, Mo.</b>	23c. DATE SIGNED <b>3-19-54</b>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify)	24b. DATE <b>3-14-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Licking Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Licking Mo</b>
DATE REC'D BY LOCAL REG <b>Mar. 20, 1954</b>	REGISTRAR'S SIGNATURE <b>Salvora Hesse</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Smith's Ferguson</b> ADDRESS <b>Licking Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

10-20

MAY 15 1958

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 *Embert E Ferguson* .....

Licensed Embalmer No. *391* .....

P. O. Address *Leeking* .....

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.