FILED MAY 5 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11549

BIRTH NO. _____ REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 4136 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY Clinton Plattsburg
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) City Plattsburg
c. LENGTH OF STAY (In this place) 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Dunn Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Daviess
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jamesport 0310
d. STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED (Type or Print) a. (First) CORA b. (Middle) X c. (Last) DUNN

4. DATE OF DEATH (Month) April (Day) 20 (Year) 1954

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct 22 1874
9. AGE (In years last birthday) 7 19 | IF UNDER 1 YEAR Months 5 Days 30 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Butler Ind.
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME George Slentz
13b. MOTHER'S MAIDEN NAME Unbown
14. NAME OF HUSBAND OR WIFE Aron Dunn

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. no
17. INFORMANT'S SIGNATURE OR NAME Ralph Dunn ADDRESS Jamesport

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) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 20 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 5 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia — 5 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
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* no, 19__, *to* ____, 19__, *that I last saw the deceased alive on* 0, 19__, *and that death occurred at* 1 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE W. B. Spalding (Degree or title) MD
23b. ADDRESS Plattsburg Mo
23c. DATE SIGNED Apr 21 54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE April 22
24c. NAME OF CEMETERY OR CREMATORY Clear Creek Cem
24d. LOCATION (City, town, or county) Country Daviess (State) Mo.

DATE REC'D BY LOCAL REG. Apr. 28-1954
REGISTRAR'S SIGNATURE Elizabeth Scearce 4-1-54
25. FUNERAL DIRECTOR'S SIGNATURE J. L. Roberson ADDRESS Jamesport Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 O. L. Roberson

Licensed Embalmer No. 3 244

P. O. Address Jamesport 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.