

BIRTH NO.		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>2133</b>		
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Kansas</b> b. COUNTY <b>MIAMI</b>				
b. CITY OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place township) <b>5 days</b>		c. CITY OR TOWN <b>Oswatomie</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION. <b>St. Mary's Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>902 Brown</b>				
3. NAME OF DECEASED (Types or Print) a. (First) <b>Charles</b>			b. (Middle) <b>H.</b>		c. (Last) <b>DUNAWAY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 11, 1954</b>	
5. SEX <input checked="" type="checkbox"/> Male	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>7-17-83</b>	9. AGE (In years last birthday) <b>70</b>	F UNDER 1 YEAR Months	F UNDER 1 YEAR Days	F UNDER 1 YEAR Hours	F UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Asst. Supt. Div. Mo. Pac. RR</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Chandlerville, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Wm. L. Dunaway</b>		13b. MOTHER'S MAIDEN NAME <b>Julia Harris</b>		14. NAME OF HUSBAND OR WIFE <b>Grace Dunaway</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. <b>702-16-7718</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Grace Dunaway</b>				ADDRESS <b>902 Brown, Oswatomie, Ks.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>uremia</b>						INTERVAL BETWEEN ONSET AND DEATH <b>not known</b>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
	DUE TO (b) <b>obstruction of lower ureter</b>						<b>not known</b>	
	DUE TO (c) <b>cancer of the colon</b>						<b>not known</b>	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>acute myocardial infarction</b>						<b>153X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 <b>May 7</b> , 19 <b>54</b> , to <b>May 11</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>May 11</b> , 19 <b>54</b> , and that death occurred at <b>11 P</b> m., from the causes and on the date stated above.								
23a. SIGNATURE <b>R. E. Castles</b> (Degree or title) <b>M. D.</b>				23b. ADDRESS <b>1002 Argyle Building Kansas City, Missouri</b>		23c. DATE SIGNED <b>May 12, 1954</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>5-12-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Elmdale</b>		24d. LOCATION (City, town, or county) (State) <b>Oswatomie, Kansas</b>			
DATE REC'D BY LOCAL REG. <b>5-12-54</b>		REGISTRAR'S SIGNATURE <b>Scaldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Melody-McGilley-Eylar</b>				ADDRESS <b>Kansas City, Mo.</b>

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

Dr. Cantler  
1002 Argyle  
P.M.

**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 *Arthur Eugene Hook*.....

Licensed Embalmer No. *496*.....

P. O. Address *H. Be.*.....

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.