

STANDARD CERTIFICATE OF DEATH

FILED JUN 7 1954

BIRTH NO. _____		REG. DIST. NO. <u>164</u>		PRIMARY REG. DIST. NO. <u>3032</u>		Registrar's No. <u>60</u>	
1. PLACE OF DEATH. a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>		c. LENGTH OF STAY (In this place) <u>19mo</u>		c. CITY OR TOWN <u>Holden</u>		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 <u>Saling Nursing Home, 213</u>				e. STREET ADDRESS (If rural, give location) <u>Lobban St Holden, Missouri</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u>		b. (Middle) <u>Ellen</u>		c. (Last) <u>Dunlevy</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 24, 1954</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 14, 1864</u>	
9. AGE (In years last birthday) <u>89</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>10</u>		IF UNDER 14 HRS. Hours <u>10</u> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>State of Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Shaw</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Wood</u>		14. NAME OF HUSBAND OR WIFE <u>Geo. Dunlevy (deceased)</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>xxx</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ethel Hain, Algona, Iowa</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis generalized</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Hypertensive Cardiovascular disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>Abscess on chin</u>				INTERVAL BETWEEN ONSET AND DEATH <u>20 yrs</u> <u>2 months</u>	
19a. DATE OF OPERATION <u>—</u>		19b. MAJOR FINDINGS OF OPERATION <u>4/3X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>		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) <u>—</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>—</u>			
22. I hereby certify that I attended the deceased from <u>10-27-52</u> , 19 <u>—</u> , to <u>5-24</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>5-24 (27)</u> 19 <u>54</u> , and that death occurred at <u>7:00 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>David R. Holmes MD</u>				23b. ADDRESS <u>Warrensburg, Mo</u>		23c. DATE SIGNED <u>5-26-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 28 '54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Holden Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Holden, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>May 27, 1954</u>		REGISTRAR'S SIGNATURE <u>Savannah Hutchins</u>		147-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Canaday & Ropp, Holden, Mo.</u>	

RECEIVED
JUN 1 1954
JOHNSON COUNTY HEALTH DEPT

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..... *W. J. Canada*

Licensed Embalmer No. *343*

P. O. Address *Holden*

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.