

FILED SEP 21 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **31256**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **4320** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, write RURAL and give OR township) <b>Palmyra</b>		c. LENGTH OF STAY (in this place)	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. CITY OR TOWN <b>Palmyra</b>		e. STREET ADDRESS (If rural, give location) <b>0670</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Donald</b> b. (Middle) <b>W.</b> c. (Last) <b>Dunlap</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 17 1954</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>3/22/1936</b>	9. AGE (In years last birthday) <b>18</b>	IF UNDER 1 YEAR Months Days <b>18</b>	IF UNDER 4 HRS. Hours Min. <b>18</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ladorer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Creamery</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Hannibal Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>James H. Dunlap</b>		13b. MOTHER'S MAIDEN NAME <b>Veronica W. Bauer</b>		14. NAME OF HUSBAND OR WIFE <b>-----</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>500-36-3775</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Veronica Dunlap</b>		ADDRESS <b>Palmyra 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Injury &amp; Stenosis</b>			INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Fracture of Skull</b>		DUE TO (c) _____				
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) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway 261</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Liberty Marion Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>7 17 54 9:30AM</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Automobile Accident</b>	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>L. M. O'Donnell Coroner</b>		23b. ADDRESS <b>Hannibal Mo</b>		23c. DATE SIGNED <b>9-18-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7/20/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Grand View Co.</b>	
24d. LOCATION (City, town, or county) (State) <b>Hannibal Mo.</b>		DATE REC'D BY LOCAL REG. <b>9-20-54</b>		REGISTRAR'S SIGNATURE <b>G. M. Lucke</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>E. J. Sprague</b>		ADDRESS <b>Palmyra Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

640

MAY 3 1956  
MAY 3 1956

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.....  
*E. J. Sprague*

Licensed Embalmer No. 3245.....

P. O. Address..... Palmyra 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.