

FILED NOV 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34307

State File No.

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

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 530

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>JASPER</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LAWRENCE</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STOTTS CITY</u> <u>0550</u> | |
| c. LENGTH OF STAY (In this place) <u>ABOUT 2 WKS</u> | | d. STREET ADDRESS (If rural, give location) <u>/</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOPLIN GENERAL HOSP.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JONAS</u> b. (Middle) <u>B.</u> c. (Last) <u>DUNN</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 27-1954</u> |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>NOV-23-1885</u> |
| 9. AGE (In years last birthday) <u>68</u> | IF UNDER 1 YEAR Months <u>11</u> | IF UNDER 24 HRS. Hours <u></u> | IF UNDER 60 MIN. Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u> | 11. BIRTHPLACE (State or foreign country) <u>ALABAMA</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>W.O. DUNN</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>FANNIE BARTON</u> | | 14. NAME OF HUSBAND OR WIFE <u>MINNIE DUNN</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>444-12-8433</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>MINNIE DUNN</u> ADDRESS <u>STOTTS CITY MO.</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Failure</u> | | | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac Decompensation</u> DUE TO (c) <u>Myocardial Infarction Coronary Occlusion</u> | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | <u>4201</u> | |
| 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 <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 <u>6-3</u> , 1954, to <u>10-27</u> , 1954, that I last saw the deceased alive on <u>10-27</u> , 1954, and that death occurred at <u>7:00 P</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Name or title) <u>J.A. Nordstrom, M.D.</u> | | 23b. ADDRESS <u>2 Sarcophic, Mo.</u> | 23c. DATE SIGNED <u>10-29-54</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>OCT. 30. 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>MOORE CEMETERY</u> | 24d. LOCATION (City, town, or county) (State) <u>2 MI. N. STOTTS CITY MO.</u> |
| DATE REC'D BY LOCAL REG. <u>11-8-54</u> | REGISTRAR'S SIGNATURE <u>W. S. Jasper</u> 138 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. B. Fossett</u> ADDRESS <u>mt/15rmon</u> | |

County File Number
Date Filed
NOV 10 1954

JAN 3 1954

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed H. R. Lassett

Licensed Embalmer No. 2201

P. O. Address Mt Vernon me

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.