

FILED DEC 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40420**

BIRTH NO. _____ REG. DIST. NO. **75** PRIMARY REG. DIST. NO. **3015** Registrar's No. **82**

1. PLACE OF DEATH a. COUNTY Clinton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY DeKalb	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Canaan		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maysville (Rural)	
c. LENGTH OF STAY (In this place) 24hrs		d. STREET ADDRESS (If rural, give location) 320 /	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cameron Community Hospital			

3. NAME OF DECEASED a. (First) SADIE		b. (Middle)		c. (Last) DUNHAM		4. DATE OF DEATH (Month) (Day) (Year) Dec. 20 1954	
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5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 28, 1872		9. AGE (In years last birthday) 81		IF UNDER 1 YEAR: Hours Days		IF UNDER 1 MIN. Mts.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) DeKalb Co. Mo.				12. CITIZEN OF WHAT COUNTRY? U.S.			

13a. FATHER'S NAME William Riley Clarke			13b. MOTHER'S MAIDEN NAME Naomi Ginn			14. NAME OF HUSBAND OR WIFE John Dunham		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME Dallas Dunham		ADDRESS Maysville Mo.	
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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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral accident.						INTERVAL BETWEEN ONSET AND DEATH 30 hrs	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension & arteriosclerosis							
		DUE TO (c)							
		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 331 X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	
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22. I hereby certify that I attended the deceased from Dec. 19, 1954, to Dec. 20, 1954, that I last saw the deceased alive on Dec. 20, 1954, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE R. C. Weller M.D. (Degree or title)		23b. ADDRESS Canaan, Mo		23c. DATE SIGNED 12-22-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-20-54		24c. NAME OF CEMETERY OR CREMATORY Schuchman		24d. LOCATION (City, town, or county) (State) Maysville Mo (Rural)	
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DATE REC'D BY LOCAL REG. 12-23-54		REGISTRAR'S SIGNATURE Winfred W. Moser 390-0		25. FUNERAL DIRECTOR'S SIGNATURE PILCHER FUNERAL HOME		ADDRESS MAYSVILLE MO.	
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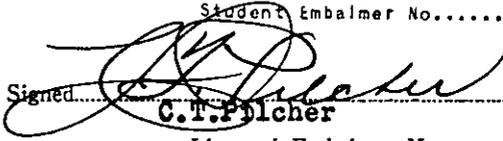
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

C.F. Polcher

Signed.....
Student Embalmer

Licensed Embalmer No..... 3960

P. O. Address Maysville 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.