

2492

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 7 - 1955

318

PRIMARY REG. DIST. NO. 1003 Registrar's No. 0414

BIRTH NO. _____ REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <i>ST. LOUIS</i>		c. CITY OR TOWN <i>St. Louis</i> d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>ST. LOUIS CITY HOSPITAL 0</i>		STREET ADDRESS (If rural, give location) <i>4853 Green ave</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>ALVA</i> b. (Middle) <i>LEE</i> c. (Last) <i>DUNN</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>JANUARY 14, 1955</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>single 0</i>	8. DATE OF BIRTH <i>Aug 26-1880</i>
9. AGE (In years last birthday) <i>77</i>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State or Foreign Country) <i>Huntsville MO 0</i>	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <i>Wm Dunn</i>	13b. MOTHER'S MAIDEN NAME <i>Margaret Belcher</i>	14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs Samuel Burns 4638 Margaretta</i>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of Sigmoid</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerotic heart disease</i> DUE TO (c) <i>Malnutrition</i> 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 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) m.	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>153x</i>	
22. I hereby certify that I attended the deceased from <i>1-4-55</i> , 19___, to <i>1-14-55</i> , 19___, that I last saw the deceased alive on <i>1-14-55</i> , 19___, and that death occurred at <i>1:50P m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Name or Title) <i>Richard F Jotte M.D.</i>		23b. ADDRESS <i>1515 Lafayette Avenue</i>	23c. DATE SIGNED <i>1-14-55</i>
24a. BURIAL, CREMATION REMOVAL (Specify) <i>Removed</i>	24b. DATE <i>1-17-55</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Oakland Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Moberly, Missouri</i>
DATE REC'D BY LOCAL REG. <i>JAN 15 1955</i>	REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Street-Carroll 4600 Natural Bldg</i>	

(Licensed Embalmer's Statement on Reverse Side)

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John J. Haines*
.....

Licensed Embalmer No. *410*
P. O. Address *St. Louis*

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.