

FILED MAY 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH16044
State File No. 19

BIRTH NO.		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 4320		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Marion			
b. CITY (If outside corporate limits, write RURAL and give township) Palmyra		c. LENGTH OF STAY (If in this place) 60 yrs		c. CITY OR TOWN Palmyra		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				e. STREET ADDRESS (If rural, give location) 0648			
3. NAME OF DECEASED (Type or Print)		a. (First) Annie		b. (Middle) Jane		c. (Last) Dunham	
4. DATE OF DEATH		(Month) May		(Day) 4		(Year) 1955	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 28 1863	
9. AGE (In years last birthday) 91		IF UNDER 1 YEAR Months 0 Days 0		IF UNDER 24 HRS. Hours 0 Min. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Philadelphia Pennsylvania		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME J. W. McClay		13b. MOTHER'S MAIDEN NAME Nancy A. Wilson		14. NAME OF HUSBAND OR WIFE Lewis O. Dunham			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME N. S. Dunham Hannibal Mo.			
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) Chronic Myocarditis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension + DUE TO (c) Supraventricular Gold Age II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 years that I know of.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443 X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 Aug. 29, 1953 , to April 10, 1955 , that I last saw the deceased alive on April 10, 1955 , and that death occurred at 1 a. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. P. H. Stuehlman D.O.		23b. ADDRESS Palmyra Mo.		23c. DATE SIGNED 5/4/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 7 1955		24c. NAME OF CEMETERY OR CREMATORY Swigget Cemetery		24d. LOCATION (City, town, or county) (State) New Salem Ill.	
DATE REC'D BY LOCAL REG. 5/4/55		REGISTRAR'S SIGNATURE By Viola Green, Deputy		25. FUNERAL DIRECTOR'S SIGNATURE C. J. Sprague		ADDRESS Palmyra Mo.	

189-C (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAY 20 1955
MARION CO. HEALTH DEPT.
DATE FILED MAY 20 1955

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..... *C. 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. (If
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.