

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20779

State File No.

FILED JUL 12 1955

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6084 Registrar's No. 120

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give town) Nelson	c. LENGTH OF STAY (in this place) 6 yrs	c. CITY OR TOWN Nelson	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Rural Route 2		. STREET ADDRESS (If rural, give location) Rural Route 2 <u>0978</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) JOSEPH	b. (Middle)	c. (Last) DUNNAVANT	4. DATE OF DEATH (Month) (Day) (Year) June 29, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 16, 1866	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life (Retired)) Farmer retired	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and State or Foreign Country) Boonville, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George Dunnavant	13b. MOTHER'S MAIDEN NAME Mary Jane Sullens	14. NAME OF HUSBAND OR WIFE Arrie Dial Dunnavant
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If no, specify service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Grace Wilder, Rt. 2, Nelson, Mo.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	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) Blackwater TWS, Saline MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 Apr 19, 19 55, to June 20 1955, that I last saw the deceased alive on June 20, 19 55, and that death occurred at 1,15 Am., from the causes and on the date stated above.

23a. SIGNATURE John McReish (Degree or title)	23b. ADDRESS Houstonia, RFD 1 MO	23c. DATE SIGNED 7 5 55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/2/55	24c. NAME OF CEMETERY OR CREMATORY Heath's Creek Cemetery	24d. LOCATION (City, town, or county) (State) Rural Saline County, Mo.
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DATE REC'D BY LOCAL REG. 7-5-55	REGISTRAR'S SIGNATURE Carl P. Reed	FEDERAL DIRECTOR'S SIGNATURE Shane C. ...	ADDRESS Idalia, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. McNeish

1956 AUG 1

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 P. C. Baker

Licensed Embalmer No. 24

P. O. Address Seclala

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.