

FILED JUN 17 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20797

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <b>333</b>		PRIMARY REG. DIST. NO. <b>3074</b>		Registrar's No. <b>72</b>	
1. PLACE OF DEATH a. COUNTY <b>Scott</b>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> - b. COUNTY <b>Scott</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sikeston,</b>		c. LENGTH OF STAY (In this place) <b>24yr</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sikeston,</b>		d. STREET ADDRESS (If rural, give location) <b>229 Alabama St.</b> <span style="float: right;">10030</span>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>229 Alabama St.</b>				4. DATE OF DEATH (Month) (Day) (Year) <b>May 18, 1955</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Caradine</b>		b. (Middle) <b>XXXXXXXX</b>		c. (Last) <b>Dunegan</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>March 4, 1921</b>	9. AGE (In years last birthday) <b>34</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>6</b>	IF UNDER 18 HRS. Hours <b></b> Mins. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>		11. BIRTHPLACE (State or foreign country) <b>Kentucky</b>		12. CITIZEN OF WHAT COUNTRY? <b>U, S, A</b>	
13a. FATHER'S NAME <b>Jim Dunegan</b>		13b. MOTHER'S MAIDEN NAME <b>Liza Dunegan</b>		14. NAME OF HUSBAND OR WIFE <b>Will Dunegan</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>0</b>		16. SOCIAL SECURITY NO. <b>488, 12, 6270</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Will Dunegan 229 Alabama St.</b>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>probable Coronary Thrombosis (Known cardiac)</b> 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. <b>4201</b>				INTERVAL BETWEEN ONSET AND DEATH <b>15 Min.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>7:30 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Thelma C. Ruckelshaus, M.D. Health Officer</b>				23b. ADDRESS <b>Denton, Mo</b>		23c. DATE SIGNED <b>5-21-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5-21-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Smith West End Part W. of Sikeston Mo</b>		24d. LOCATION (City, town, or county) (State) <b>Mo</b>	
DATE REC'D BY LOCAL REG. <b>6-8-55</b>		REGISTRAR'S SIGNATURE <b>Maxwell Hunter 429</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. J. Smith 1212 Mand</b>			

(Licensed Embalmer's Statement on Reverse Side)

DATE RECEIVED 9/13/56  
SCOTT CO. HEALTH DEPT.  
CO. FILE No. 655122

**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 .....  
Student Embalmer

Signed

*Fred J. Smith*

Licensed Embalmer No. 4408

P. O. Address Lidkistan,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.