

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 20 1955

State File No. **43195**

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 196

1. PLACE OF DEATH a. COUNTY <u>Nevada</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Nevada mo</u>		c. CITY OR TOWN <u>El Dorado Springs</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>4 days</u>		STREET ADDRESS (If rural, give location) <u>108 W. Marshall St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada City Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LOUIS</u>	b. (Middle) <u>T.</u>	c. (Last) <u>DUNAWAY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-10-55</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 14 1868</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Physician M.D.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Self-</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Dale Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>0</u>
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13a. FATHER'S NAME <u>W. F. Dunaway</u>	13b. MOTHER'S MAIDEN NAME <u>Lucy Alder</u>	14. NAME OF HUSBAND OR WIFE <u>Hattie Dunaway</u>
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15. WAS DECEASED EVER IN U. S. ARMY FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hattie Dunaway</u>	ADDRESS <u>El Dorado Spgs</u>
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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) <u>Coronary thrombosis with posterior myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	DUE TO (b) <u>coronary artery arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			<u>4201</u>

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)
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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 12-6-, 1955 to 12-10-, 1955, that I last saw the deceased alive on 12-10-, 1955, and that death occurred at 12:25pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>B. Braxton Davis, M.D.</u>	23b. ADDRESS <u>Nevada, Mo.</u>	23c. DATE SIGNED <u>12-10-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-12-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Casper's mill</u>	24d. LOCATION (City, town, or county) (State) <u>Cedar Co. Mo.</u>
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DATE REC'D BY LOCAL REGISTRAR <u>12-17-55</u>	REGISTRAR'S SIGNATURE <u>Anna G. Perry</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Erwin Carter</u>	ADDRESS <u>El Dorado Spgs</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 21 1959

AUG 2 1957

OCT 2 1958

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 *Hoyl E. Crothers*

Licensed Embalmer No. *44*

P. O. Address *E. D. ...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.