

FILED FEB 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5865

State File No.

BIRTH NO. REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PIKE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LOUISIANA</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LOUISIANA</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>708 SOUTH CAROLINA ST</u>		d. STREET ADDRESS (If rural, give location) <u>708 SOUTH CAROLINA ST.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>EVA</u> b. (Middle) <u>JANE</u> c. (Last) <u>DUNHAM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 23 1956</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>SEPT 23, 1867</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOMEMAKER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (State or foreign country) <u>CHATHAM, N.Y.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>FRANKLIN S. FORD</u>		13b. MOTHER'S MAIDEN NAME <u>MARY JANE HOLLANDBECK</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
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.		14. NAME OF HUSBAND OR WIFE <u>CALEB T. DUNHAM (DECEASED)</u>	
19a. DATE OF OPERATION		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. JOHN MAYFIELD, LOUISIANA, MO.</u>	
19b. MAJOR FINDINGS OF OPERATION		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.)	
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?		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
22. I hereby certify that I attended the deceased from <u>JAN 26, 1955</u> , to <u>FEB. 23, 1956</u> , that I last saw the deceased alive on <u>FEB 23, 1956</u> , and that death occurred at <u>6:15 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Deputy or title) <u>David L. Bilge</u>		23b. ADDRESS <u>D.O. 220 N 5th St. LA. MO 2-25-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>FEB 24, 1956</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>CHATHAM CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CHATHAM, NEW YORK</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Bernice Collier</u>		ADDRESS <u>1374 GEO. M. COLLIER, LOUISIANA, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 7 1953

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

Geo. M. Callier

Licensed Embalmer No.

3839

P. O. Address

Louisiana

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

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