

XC 7210226

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17798

REG. 16341 SL 5975

State File No.

FILED JUN 14 1956

318

1003

Registrar's No. 5067

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). —a.—STATE Missouri b. COUNTY Franklin	
b. CITY St. Louis, Mo. OR TOWN		c. CITY OR TOWN Sullivan	
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hospital		e. STREET ADDRESS (If rural, give location) 18 Elm	
3. NAME OF DECEASED (Type or Print) a. (First) Tony		b. (Middle)	
c. (Last) Dunneagan		4. DATE OF DEATH (Month) (Day) (Year) 5-24-56	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3-7-08
9. AGE (In years last birthday) 48		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic	11. BIRTHPLACE (City and State or Foreign Country) D
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME John W. Dunneagan	
14. MOTHER'S MAIDEN NAME Mary E. Brewer		15. NAME OF HUSBAND OR WIFE Myrtle Dunneagan	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII		17. SOCIAL SECURITY NO. 493200728	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) METASTATIC CARCINOMATOSIS ABDOMINAL VISCERIA AND LUNGS ANTECEDENT CAUSES DUE TO (b) CARCINOMA TRACHEA DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
20. INTERVAL BETWEEN ONSET AND DEATH 1 YEAR		21. DATE OF OPERATION	
22. MAJOR FINDINGS OF OPERATION		23. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
24. ACCIDENT, SUICIDE, HOMICIDE (Specify)		25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
26. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		27. HOW DID INJURY OCCUR?	
28. TIME OF INJURY (Month) (Day) (Year) (Hour)		29. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
30. I hereby certify that I attended the deceased from 5-14 ¹⁹⁵⁶ , to 5-24 , 1956, and that death occurred at 9:25 P. , from the causes and on the date stated above.			
31. SIGNATURE Murray M. Bett M.D.		32. ADDRESS VAH, ST. LOUIS, MO.	
33. DATE SIGNED 5-25-56		34. NAME OF CEMETERY OR CREMATORY I.O.O.F. MEMORIAL CEM	
35. LOCATION (City, town, or county) (State) SULLIVAN MO		36. DATE REC'D BY LOCAL REG. MAY 26 1956	
37. REGISTRAR'S SIGNATURE Charles Smith		38. FUMERAL DIRECTOR'S SIGNATURE H.W. Eaton	
39. ADDRESS SULLIVAN, MO		40. (Licensed Embalmer's Statement on Reverse Side)	

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

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 *J. A. Dempsey*

Licensed Embalmer No. *4728*

P. O. Address *Sullivan,*

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.