

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19383

State File No.

FILED MAY 22 1956

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 4523 Registrar's No. 110

| | | | |
|--------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Vernon</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u> | |
| b. CITY OR TOWN <u>Schell City</u> | c. LENGTH OF STAY (in this place) <u>6 years</u> | c. CITY OR TOWN <u>Schell City</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u> | | e. STREET ADDRESS (If rural, give location) <u>108^o</u> | |

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|-------------------------------------|---------------------------|-------------------------|-----------------------|---------------------------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Aurbery</u> | b. (Middle) <u>BANK</u> | c. (Last) <u>DUNN</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 9 1956</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>May 20, 1881</u> | 9. AGE (In years last birthday) <u>74 years</u> | if UNDER 1 YEAR Months _____ Days _____ | if UNDER 4 HRS. Hours _____ Min. _____ |
|--------------------|-------------------------------|-----------------------------------------------------------------------|--------------------------------------|-------------------------------------------------|-----------------------------------------|----------------------------------------|

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|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Schell City, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------|

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|-----------------------------------------|--------------------------------------------------|--------------------------------------------------|
| 13a. FATHER'S NAME <u>Thaschly Dunn</u> | 13b. MOTHER'S MAIDEN NAME <u>Virginia Carter</u> | 14. NAME OF HUSBAND OR WIFE <u>Nettie Walker</u> |
|-----------------------------------------|--------------------------------------------------|--------------------------------------------------|

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| 15. WAS DECEASED OVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nettie Dunn</u> | ADDRESS <u>Schell City, Mo</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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>9 mo's</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sarcoma of right Kidney</u> | | |
| | 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. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>180x</u> | 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.) _____ | 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? _____ |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------|

22. I hereby certify that I attended the deceased from Dec, 1955, to May 9, 1956, that I last saw the deceased alive on May 8, 1956, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Dr. Gray M.D.</u> | (Degree or title) | 23b. ADDRESS <u>Schell City, Mo</u> | 23c. DATE SIGNED <u>May 11-56</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>May 12, 1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Flat Rock Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Schell City (Rural) Mo.</u> |
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|-------------------------------------------|--------------------------------------------|---------------------------------------------------------|---------------------------------|
| DATE REC'D BY LOCAL REG. <u>5-17-1956</u> | REGISTRAR'S SIGNATURE <u>Anna E. Perry</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Lewis & Son</u> | ADDRESS <u>Schell City, Mo.</u> |
|-------------------------------------------|--------------------------------------------|---------------------------------------------------------|---------------------------------|

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

300
48

51-0

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..... *John G. Lewis*

Licensed Embalmer No. *477*

P. O. Address *Schell Ct*

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.