

FILED SEP 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27401

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>5580</u>		Registrar's No. <u>127</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural-Jasper</u>		c. LENGTH OF STAY (in this place) <u>2 weeks</u>		c. CITY OR TOWN <u>Rt #1 Carl Junction</u>		Residence within limits of city or incorporated town? No <u>290</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt #1 Carl Junction</u>				STREET ADDRESS (If rural, give location) <u>Rt #1 Carl Junction</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Alvin</u> c. (Last) <u>Dunroy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-1-1956</u>				
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>6-22-1890</u>	
9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work or business, most of working life, even if retired) <u>Chapman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Conoco Store</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Arkansas City, Kansas</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Dont Know</u>			13b. MOTHER'S MAIDEN NAME <u>Dont Know</u>		14. NAME OF HUSBAND OR WIFE <u>Anna</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes NW #1</u>		16. SOCIAL SECURITY NO. <u>560-34-0570</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Anna Dunroy Rt #1, Carl Jct, Mo</u>			ADDRESS
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, assthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u>				DUE TO (c) <u>Coronary Enlargement</u>			<u>2 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							<u>2 yrs</u>
19a. DATE OF OPERATION		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.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		4200	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>June</u> , 19 <u>55</u> , to <u>9/1/</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>8/30/</u> , 19 <u>56</u> , and that death occurred at <u>11 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Lois Schulte</u> G. A. Schulte, M.D.				23b. ADDRESS <u>2125 Jackson, Joplin, Mo</u>		23c. DATE SIGNED <u>9/4/56</u>	
24a. BURIAL CREMATION REMOVAL (Specify)		24b. DATE <u>9-4-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Hope Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Webb City, Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-4-56</u>		REGISTRAR'S SIGNATURE <u>Mrs. Madeline Smitzer</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Thornhill-Dellan</u>		
					ADDRESS <u>Joplin, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

474

County File Number 56-800-118
Date Filed SEP 19 1960
Health Office

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 *William E. Duddleston*

Licensed Embalmer No. 4770
P. O. Address *Joplin, Mo*

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.