

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

27966

State File No. _____

FILED AUG 31 1956

BIRTH NO. _____		REG. DIST. NO. 300		PRIMARY REG. DIST. NO. 4449		Registrar's No. 20	
1. PLACE OF DEATH a. COUNTY Reynolds				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Reynolds			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ellington		c. LENGTH OF STAY (in this place) 52 yrs		c. CITY OR TOWN Ellington		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				e. STREET ADDRESS (If rural, give location) 09th			
3. NAME OF DECEASED (Type or Print) a. (First) Charles			b. (Middle) -			c. (Last) DUNNEGAN	
4. DATE OF DEATH (Month) (Day) (Year) Aug 21, 56							
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH Jan 10 1904	
9. AGE (In years last birthday) 52		UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Scavenger			10b. KIND OF BUSINESS OR INDUSTRY -			11. BIRTHPLACE (City and State or Foreign Country) Reynolds County, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME John W. Dunnegan			13b. MOTHER'S MAIDEN NAME Mary Brewer			14. NAME OF HUSBAND OR WIFE Maude C. Dunnegan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 498-10-3792		17. INFORMANT'S SIGNATURE OR NAME Maude C. Dunnegan ADDRESS Ellington			
18. CAUSE OF DEATH - Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis 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.				INTERVAL BETWEEN ONSET AND DEATH Minimal	
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)			
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 Aug 21, 1956 , to Aug 21, 1956 , that I last saw the deceased alive on Aug 21, 1956 , and that death occurred at 7 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H.M. Maloney M.D.				23b. ADDRESS Ellington Mo.		23c. DATE SIGNED 8/22/56	
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 8-23-56		24c. NAME OF CEMETERY OR CREMATORY Ellington		24d. LOCATION (City, town, or county) (State) Ellington Mo.	
DATE REC'D BY LOCAL REG. Aug. 22-56		REGISTRAR'S SIGNATURE Fossie Evans		25. FUNERAL DIRECTOR'S SIGNATURE Chas. S. Beutt ADDRESS Ellington Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
V. 10.48

0960

276

Received 8-27-56

Reynolds County Health

File No. 856 - 29

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 *Chas. S. Beatty*.....

Licensed Embalmer No. 4574.....

P. O. Address *Ellington, 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.