

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30478**

FILED SEP 24 1956

BIRTH NO. _____		REG. DIST. NO. 133		PRIMARY REG. DIST. NO. 3022		Registrar's No. 115	
1. PLACE OF DEATH a. COUNTY Harrison				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Harrison			
b. CITY OR TOWN Bethany		c. LENGTH OF STAY (in this place) 1 wk		c. CITY OR TOWN Bethany		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 Reid Hospital				e. STREET ADDRESS (If rural, give location) E Central St 0410			
3. NAME OF DECEASED (Type or Print) a. (First) Stewart b. (Middle) William c. (Last) Victor Dunn		4. DATE OF DEATH (Month) (Day) (Year) 9-16-1956		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 8-22-1898		9. AGE (In years last birthday) 58		IF UNDER 1 YEAR: Months 0 Days 24 Hours . Min. .	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Land Owner		10b. KIND OF BUSINESS OR INDUSTRY Operator		11. BIRTHPLACE (City and State or Foreign Country) Bethany Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Victor Dunn		13b. MOTHER'S MAIDEN NAME Louisa Morrison		14. NAME OF HUSBAND OR WIFE Lenamina Dunn			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Gene Marie Dunn ADDRESS Bethany Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Obstruction Terminal Illium ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma Ascending Colon 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 3 days 18 mo.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		153X	
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 2-6 , 19 56 , to 9-16 , 19 56 , that I last saw the deceased alive on 9-16 , 19 56 , and that death occurred at 3 o'clock, from the causes and on the date stated above.							
23a. SIGNATURE Colbert H. Thorge (Degree or title) D.O.				23b. ADDRESS Bethany Mo.		23c. DATE SIGNED 9-19-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-18-56		24c. NAME OF CEMETERY OR CREMATORY Moran		24d. LOCATION (City, town, or county) (State) Bethany Mo.	
DATE REC'D BY LOCAL REG. 9/22/56		REGISTRAR'S SIGNATURE Zola Burvis		25. FUNERAL DIRECTOR'S SIGNATURE W.B. Shaw ADDRESS Bethany, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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APR 28 1957

SEP 25 1956

NOV 27 1956

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..... *MBA Haas*

Licensed Embalmer No. *3899*

P. O. Address *Bethany, W*

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.