

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35449  
STATE FILE NUMBER

FILED NOV 16 1956

1003

9473  
REGISTRAR'S NO.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9473

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission). a. STATE <u>Mo.</u> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>ST. LOUIS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2805 Caroline</u>			Length of stay in lb		d. STREET ADDRESS <u>2227</u> (If outside, give location) <u>2805 Caroline</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Deeson</u> Middle <u>Dunigan</u> Last <u>Dunigan</u>				4. DATE OF DEATH Month <u>Oct.</u> Day <u>14</u> Year <u>1956</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>May, 1, 1913</u>	
9. AGE (In years last birthday) <u>43</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Great Lakes Carbon</u>		11. BIRTHPLACE (City and state or country) <u>Humboldt Tenn.</u>	
10c. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>James Robert Dunigan</u>				14. MOTHER'S MAIDEN NAME <u>Amanda Hal</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT Address <u>Cordia Barnes 2805 Caroline</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Internal hemorrhage following gunshot</u> <u>of the abdomen suffered when shot with</u> <u>you in hands of one Lucile Demigan (col.)</u> Conditions, if any, which gave rise to above cause: (a): <u>in room of home at 2805 Caroline St.</u> DUE TO (b) <u>—</u> DUE TO (c) <u>—</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>about 3:30 a.m. Oct. 14, 1956</u>							INTERVAL BETWEEN ONSET AND DEATH <u>WOUND</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>See above</u> <u>E981X</u>					
20c. TIME OF INJURY Hour <u>3:30 A</u> Month <u>10</u> Day <u>14</u> Year <u>56</u> a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		20f. CITY, TOWN, OR LOCATION <u>St. Louis Mo.</u>	
20g. COUNTY <u>Mo.</u>		21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>4:15 A.</u> m on the _____ stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>John H. Deeson</u>				22b. ADDRESS <u>1300 Clark</u>		22c. DATE SIGNED <u>10/17/56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10-20-1956</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Oakdale Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis County MO</u>	
24. FUNERAL DIRECTOR <u>McClain &amp; Bannister</u>		ADDRESS <u>Washington 4251</u>		25. DATE RECD. BY LOCAL REG. <u>OCT 17 1956</u>		26. REGISTRAR'S SIGNATURE <u>Charles Smith MD</u> <u>m 88</u>	

000-56  
All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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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 *Leroy U. Pannis*.....

Licensed Embalmer No. *45*

P. O. Address *2616 St*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.