

FILED NOV 13 1956

STANDARD CERTIFICATE OF DEATH

State File No. **36794**

No. 300

10-48

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 3076		Registrar's No. 208	
1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Vernon			
b. CITY OR TOWN Nevada		c. LENGTH OF STAY (in this place) 13 years		c. CITY OR TOWN Nevada		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION Nevada City Hospital				e. STREET ADDRESS (If rural, give location) 222 N. Elm 10825			
3. NAME OF DECEASED (Type or Print) a. (First) Robert		b. (Middle) H.		c. (Last) Dunham		4. DATE OF DEATH (Month) (Day) (Year) Oct. 29 1956	
5. SEX M.		6. COLOR OR RACE Wk		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH July 18, 1890	
9. AGE (in years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Station Agent		11. BIRTHPLACE (City and State or Foreign Country) Greenridge, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Robert M. Dunham		13b. MOTHER'S MAIDEN NAME Mary Nelson		14. NAME OF HUSBAND OR WIFE Fannie Ellen Dunham			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Dr. Robert H. Dunham Jr. ADDRESS 2025 Swift N.H.C. 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) Acute Lymphatic Leukemia ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Unknown DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Posterior right Coronary Infarction January 25, 1956.				INTERVAL BETWEEN ONSET AND DEATH 9 mos.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
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) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan. 25, 1956 , to Oct. 30, 1956 , that I last saw the deceased alive on Oct. 30, 1956 , and that death occurred at 8:54 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) R. B. Wray, M.D.				23b. ADDRESS Moore Bldg., Nevada, Mo.		23c. DATE SIGNED 11-2-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 31, 1956		24c. NAME OF CEMETERY OR CREMATORY Newton Cemetery		24d. LOCATION (City, town, or county) (State) Nevada, Mo.	
DATE REC'D BY LOCAL REG. 11-7-1956		REGISTRAR'S SIGNATURE Anna J. Ferry		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ferry Funeral Home, Nevada, Mo.			

(Licensed Emballer's Statement on Reverse Side)

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

4510

DEC 30 1957

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... *L. Singh* ...

Licensed Embalmer No. *4262*

P. O. Address *Munadon*

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.