

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40529**

FILED JAN 2 1957

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5112 Registrar's No. 90

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

1. PLACE OF DEATH a. COUNTY Bollinger		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri , b. COUNTY Bollinger	
b. CITY OR TOWN Lutesville, Lorraine (ship)	c. LENGTH OF STAY (In this place) Life	c. CITY OR TOWN Lutesville	d. In Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. FULL NAME OF HOSPITAL OR INSTITUTION <input checked="" type="checkbox"/>		e. STREET ADDRESS (If rural, give location) Star. Rt. 2090	

3. NAME OF DECEASED (Type or Print) a. (First) Charles , b. (Middle) Edwin , c. (Last) Dunn .	4. DATE OF DEATH (Month) (Day) (Year) 12-24-1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May, 15th 1884	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 7 Days 9	IF UNDER 4 HRS. Hour 12 Min. 30
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Farmer & Carpenter	11. BIRTHPLACE (City and State or Foreign Country) Lutesville, Mo.	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME Pinkey Dunn	13b. MOTHER'S MAIDEN NAME Boyce	14. NAME OF HUSBAND OR WIFE Minnie Dunn
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 491-16-0618	17. INFORMANT'S SIGNATURE OR NAME Charles W. Dunn ADDRESS Lutesville
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anemia		INTERVAL BETWEEN ONSET AND DEATH 3 days 4 yrs. 12 yrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic glomerulonephritis		
	DUE TO (c) arterio-sclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bowel obstruction Coronary vascular occlusion			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **Dec 15, 1956** to **Dec 24, 1956**, that I last saw the deceased alive on **Dec 24, 1956**, and that death occurred at **12:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James D. Springer D.O.	23b. ADDRESS Lutesville, Mo.	23c. DATE SIGNED 12-26-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12th 27-56	24c. NAME OF CEMETERY OR CREMATORY Baker Cemetery	24d. LOCATION (City, town, or county) (State) Near Lutexville, Mo.
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DATE REC'D BY LOCAL REG. 12-27-56	REGISTRAR'S SIGNATURE Ms. Buford Crader	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Baker Funeral Home, Lutesville, Mo
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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.....
A. J. Baker

Licensed Embalmer No. *3573*

P. O. Address *Turkeyville*

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.