

FILED DEC 31 1956

## STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

40604

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1360

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Meth. Hospital		d. STREET ADDRESS 1710 S. Belt Hwy-way	
Length of stay in 1b 35 yrs		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Everett St. Clair Dunbar			4. DATE OF DEATH Month Day Year December 19, 1956.			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH November 27, 1915	9. AGE (In years last birthday) 41	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Musician		10b. KIND OF BUSINESS OR INDUSTRY Own Orchestra		11. BIRTHPLACE (City and state or country) Vancouver, B.C. Canada.		12. CITIZEN OF WHAT COUNTRY? Canadian
13. FATHER'S NAME Phillip Dunbar			14. MOTHER'S MAIDEN NAME Ethel St. Clair			
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. 495-12-0384		17. INFORMANT Mrs. Dorothy Dunbar St. Joseph, Mo.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>acute hemorrhagic and gangrenous pancreatitis with secondary severe paralytic ileus</i>			INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Fatty degeneration of liver and early cirrhosis</i>			several months		
DUE TO (c) <i>Chronic alcoholism with associated vitamin def.</i>			several years		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <i>Hypertensive Cardiovascular Disease. A.S.H.D. mod. Delirium Tremens</i>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>5811</i>		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>2-15-'51</i> to <i>12-19-'56</i> and last saw <sup>her</sup> <del>him</del> alive on <i>12-19-'56</i> Death occurred at <i>7:30 A.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Thompson P. Potter M.D.</i>			22b. ADDRESS <i>731 Faroux St. St. Joseph, Mo.</i>		22c. DATE SIGNED <i>12-22-'56</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE <i>Dec. 22, 1956.</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>St. Joseph, Missouri.</i>
24. FUNERAL DIRECTOR <i>Meierhoffer-Fleeman, Inc.</i>		ADDRESS <i>St. Joseph, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>Dec 26, 1956</i>	26. REGISTRAR'S SIGNATURE <i>Robert M. Allison</i>

(Licensed Embalmer's Statement on Reverse Side)

Director, coroner, etc. must use only standard forms and diseases in Part I must be causally 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..... *Bill J. Charney* .....  
Licensed Embalmer No..... *46* .....

P. O. Address...St...Joseph,

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.