

FILED APR 5 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8404

STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 049

1. PLACE OF DEATH a. COUNTY <u>Grandy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Grandy</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Trenton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Trenton 04020</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>611 Ridgeway</u>			Length of stay in 1b <u>1</u>		d. STREET ADDRESS <u>611 Ridgeway</u>		(If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>SOPHER</u> Middle <u>ANNA</u> Last <u>DUNLAP</u>				4. DATE OF DEATH Month <u>MAY</u> Day <u>18</u> Year <u>1957</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Dec. 3, 1870</u>		9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and state or country) <u>Grandy Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John H. Debrand</u>				14. MOTHER'S MAIDEN NAME <u>ANNA Behrens</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>NONE</u>		17. INFORMANT <u>Mrs. Bernice Trapp, Trenton, Mo.</u>			Address
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>Cerebral Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
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 <u>August 1946</u> to <u>3-18-57</u> and last saw her/him alive on <u>3-18-57</u> Death occurred at <u>4:45 pm</u> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Dr. Fuson MD.</u>				22b. ADDRESS <u>Trenton Mo.</u>			22c. DATE SIGNED <u>3-21-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>3/20/1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>PARADISE CEM.</u>		23d. LOCATION (City, town, or county) <u>Grandy Co.</u>		(State) <u>MO.</u>	
24. FUNERAL DIRECTOR <u>Dr. Gordon Blackmore</u>			ADDRESS <u>Trenton Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-20-57</u>		26. REGISTRAR'S SIGNATURE <u>Irene Fair</u>	

Dr. Fuson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes.

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-56Health,
Welfare
Public
Service

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MAY 8 1958

APR 24 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 *Harold L Roberts*

Licensed Embalmer No. *49*

P. O. Address *Greentown*

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.