

FILED MAY 10 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12702

State File No.

Registrar's No. 613

BIRTH NO. _____ REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 5430

1. PLACE OF DEATH a. COUNTY Franklin			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Franklin		
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Sullivan		c. LENGTH OF STAY (in this place) 9 Yrs	c. CITY OR TOWN Sullivan		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION R.R. # 4			STREET ADDRESS (If rural, give location) R.R. # 4		
3. NAME OF DECEASED a. (First) CORNELIUS b. (Middle) DUNHAM c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) 4-30-1957		
5. SEX M	6. COLOR OR RACE W'	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1-14-1877	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) Fenton Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Francis M Dunham		13b. MOTHER'S MAIDEN NAME Katherine Whiteneck	14. NAME OF HUSBAND OR WIFE Mary E 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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary Dunham Sullivan 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) PROBABLY GASTRIC NERVOUSNESS ?? DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 12 hrs
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 4201
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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from 4-29 , 1957, to 4-30 , 1957, that I last saw the deceased alive on 4-29 , 1957, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE John H. Pearl (Degree or title) MD			23b. ADDRESS St. Clair, Mo.		23c. DATE SIGNED 5-2-57
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5-2-1957	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	24d. LOCATION (City, town, or county) (State) Kirkwood Mo.		
DATE REC'D BY LOCAL REG. 5-2-57	REGISTRAR'S SIGNATURE Lloyd Williams	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker-Adrian White Graves Mo.			

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

(Licensed Embalmer's Statement on Reverse Side)

MAY 10 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.....
Leslie Hesch

Licensed Embalmer No. *7893*

P. O. Address *Hopkinton, Massachusetts*

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.