

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 0 17 8 6 9
STATE FILE NUMBER

FILED MAY 29 1957

Registration District No. 187 Primary Registration District No. 5696 Registrar's No. 142

Health, & Welfare
Public
Services

5. 300
7. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

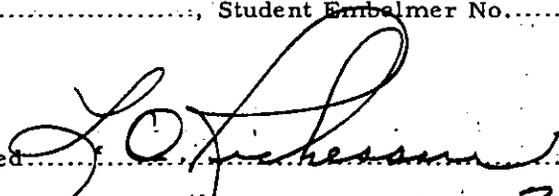
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Livingston				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Livingston					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Jackson Twp.,		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Rural Jackson Twp		Outside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF HOSPITAL OR INSTITUTION 6 Mi. S.E. Jamesport, Mo.			Length of stay in 1b 3 Yrs.		d. STREET ADDRESS 6 Mi. S.E. Jamesport, Mo.			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Cora Middle Mae Last Dunn				4. DATE OF DEATH Month May Day 20 Year 1957					
5. SEX Female	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 April 27 1895		9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Daviness Co., Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME William Ginder				14. MOTHER'S MAIDEN NAME Emily Reed					
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 Vernon Dunn, Jamesport, Mo.				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) Carcinoma of Breast with Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Metastasis to Lungs DUE TO (c)								INTERVAL BETWEEN ONSET AND DEATH 3 yr	
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 1 Mon to 20 May and last saw her alive on 1 May 1957 Death occurred at 9 0 May 5P on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE V W Nordlie M.D. (Degree or title)					22b. ADDRESS Chelluathu Mo			22c. DATE SIGNED 22 May 57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county) (State)		
Burial		5-22-1957		Clear Creek Cemetery			Daviness Co., Missouri		
24. CEMETERY DIRECTOR Hope Funeral Home, Gallatin, Mo.				25. DATE RECD. BY LOCAL REG. 5-22-57		26. REGISTRAR'S SIGNATURE Frances B Neill			

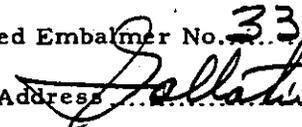
STATEMENT BY LICENSED EMBALMER

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.....


Licensed Embalmer No. 33

P. O. Address.....


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.