

Public Health Service

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diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 23 1957

29121

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 256

| | | | | | | | |
|--|----------------------------------|---|---------------------------------------|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BONNE TERRE</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>ELVINS</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>BONNE TERRE HOSP.</u> | | | Length of stay in 1b <u>1. Wks</u> | d. STREET ADDRESS (If outside, give location) | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>W.</u> Last <u>DUNN</u> | | | | 4. DATE OF DEATH Month <u>Aug.</u> Day <u>10</u> Year <u>1957</u> | | | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>FEB. 18, 1894</u> | | 9. AGE (In years last birthday) <u>63</u> IF UNDER 1 YEAR: Months <u>5</u> Days <u>22</u> IF UNDER 21 MRS. Hours <u>0</u> Min. <u>00</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mining</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13. FATHER'S NAME <u>Andrew DUNN</u> | | | | 14. MOTHER'S MAIDEN NAME <u>Elsie Tucker</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>UNKNOWN</u> | | 17. INFORMANT Address <u>Mrs. George Dunn Elvins, Mo.</u> | | | |
| 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>Myocardial Infarct</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> |
| 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.) <u>4201</u> | | | | | |
| 20c. TIME OF INJURY Hour _____ 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>Aug 3-57</u> , to <u>Aug 10 57</u> and last saw ^{her} him alive on <u>Aug 10 57</u> Death occurred at <u>S. O. H.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <u>C. H. Appleberry</u> (Degree or title) | | | | 22b. ADDRESS <u>Revermines MO</u> | | 22c. DATE SIGNED <u>8-12-57</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | | 23d. LOCATION (City, town, or county) | | (State) | |
| <u>BURIAL</u> | <u>AUG. 12, 1957</u> | <u>ST. FRANCOIS MEM. PARK</u> | | <u>BONNE TERRE, MO.</u> | | | |
| 24. FUNERAL DIRECTOR ADDRESS <u>Raymond Caldwell and Sons Flattington</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>Aug 13, 1957</u> | | 26. REGISTRAR'S SIGNATURE <u>Ether Rudloff</u> | |

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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 e
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *R. Caldwell*

Licensed Embalmer No. *2*

P. O. Address *Flat B*

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.