No. 300
10.48

FILED SEP 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30722

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 216

1. PLACE OF DEATH
a. COUNTY: Audrain
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mexico
c. LENGTH OF STAY (In this place): 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Phillips Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Audrain
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mexico
d. STREET ADDRESS (If rural, give location): 221 E Whitley

3. NAME OF DECEASED (Type or Print)
a. (First): James H.
b. (Middle): —
c. (Last): Dunham

4. DATE OF DEATH (Month) (Day) (Year): Sept 12 1957

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: Aug 3 1860
9. AGE (In years last birthday): 97 | 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): Rel Farmer
10b. KIND OF BUSINESS OR INDUSTRY: General Duty
11. BIRTHPLACE (State or foreign country): Linn Co Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Harrison Dunham
13b. MOTHER'S MAIDEN NAME: Marindia Katten
14. NAME OF HUSBAND OR WIFE: Mary E Dunham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs Ethel Ball
ADDRESS: Bellflower Mo

MEDICAL CERTIFICATION

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) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 Days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) General Debility & age — 1 yr

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Cystitis & Pyelitis — 6 Wks

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 605X
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-19, 1957, *to* 9-12, 1957, *that I last saw the deceased alive on* Sept 12, 1957, *and that death occurred at* 6:30 PM ~~5:45~~ *m., from the causes and on the date stated above.*

23a. SIGNATURE: G Mallinbach
(Degree or title): M.D.
23b. ADDRESS: Mexico Mo
23c. DATE SIGNED: Sept 12, 1957

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 14 1957
24c. NAME OF CEMETERY OR CREMATORY: Prices Branch
24d. LOCATION (City, town, or county) (State): Montgomery Co Mo

DATE REC'D BY LOCAL REG.: Sept 12-1957
REGISTRAR'S SIGNATURE: Blanche Neely
25. FUNERAL DIRECTOR'S SIGNATURE: Noland L Jones
ADDRESS: Bellflower Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 ..... Me ..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Aland L Jones

Licensed Embalmer No. 2978

P. O. Address Bellflower Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.