

Health,  
& Welfare  
Public  
Service

300  
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

FILED DEC 16 1957

STANDARD CERTIFICATE OF DEATH

40831  
STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 248

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>D. O. A. McCune Brooks</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Cronoga Rt. # 1</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) INSTITUTION <u>McCune Brooks</u>			Length of stay in 1b <u>10 Min.</u>	d. STREET ADDRESS (If outside, give location) <u>Rt. # 1</u>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Harrison</u> Middle <u>Roy</u> Last <u>Dunkle</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>30</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>Nov. 1, 1927</u>	9. AGE (In years last birthday) <u>30</u>	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) <u>Chemical Dept.</u>		100. KIND OF BUSINESS OR INDUSTRY <u>Eagle Picher</u>	11. BIRTHPLACE (City and state or country) <u>Reeds, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>Charles Dunkle</u>			14. MOTHER'S MAIDEN NAME <u>Myrtle Dutz</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>WD # 2 499-22-4037</u>	17. INFORMANT <u>Mrs. F. D. Triplett - Carthage, 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>Multiple compound skull fracture-crushed</u>						INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>chest-multiple fracture of the right</u>					
		DUE TO (c) <u>femur and compound fracture of left humerus</u>					
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? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" 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>automobile accident on U.S. Highway # 71</u>						
20c. TIME OF INJURY <u>4:30</u> p. m. <u>11-30-57</u>	Hour _____ Month _____ Day _____ Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, for m., factory, street, office bldg., etc.) <u>U.S. Highway # 71</u>	20f. CITY, TOWN, OR LOCATION <u>Carthage</u> COUNTY <u>Jasper</u> STATE <u>Mo.</u>			
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>4:30</u> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>George Dickens Sheriff</u> (Degree or title)			22b. ADDRESS <u>Carthage Mo.</u>		22c. DATE SIGNED <u>12-3-57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-6-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Carthage, Missouri</u>				
24. FUNERAL DIRECTOR <u>The Ulmer Funeral Home-Carthage</u> ADDRESS _____		25. DATE RECD. BY LOCAL REG. <u>12-5-57</u>	26. REGISTRAR'S SIGNATURE <u>Elly Clinton</u>				

(Licensed Embalmer's Statement on Reverse Side)

County File Number 57-12-1421  
Date Filed DEC 1 1 1957

MAR 9 1 1958

JAN 21 1958

MAR 12 1958

**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 *[Signature]*  
Licensed Embalmer No. ....

P. O. Address *[Signature]*

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.