

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2288**
Registrar's No. **24**

FILED FEB 13 1958

BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053**

1. PLACE OF DEATH
a. COUNTY **Phelps**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Phelps**

b. CITY (If outside corporate limits, write RURAL and give township) **Rolla**
c. LENGTH OF STAY (In this place) **2 months**

c. CITY OR TOWN **Rolla**
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **McFarlands Nurseing Home**

STREET ADDRESS (If rural, give location) **207 West 7th. st.,**

3. NAME OF DECEASED
a. (First) **MOSES** b. (Middle) **ALBERT** c. (Last) **DUNHAM**

4. DATE OF DEATH (Month) (Day) (Year)
Feb. 2, 1958

5. SEX **Male** 6. COLOR OR RACE **white**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **2-21-1880**

9. AGE (In years last birthday) **77**
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) **Ret. Barber**

10b. KIND OF BUSINESS OR INDUSTRY **Barber Shop**

11. BIRTHPLACE (City and State or Foreign Country) **Phelps County, Mo.**

12. COUNTRY OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Joseph Dunham**

13b. MOTHER'S MAIDEN NAME **Francis A. Sally**

14. NAME OF HUSBAND OR WIFE **Deceased**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No None**

16. SOCIAL SECURITY NO. **489-20-1166**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Virginia Schall North Little Rock, Ark.**

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.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Bronchopneumonia**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Bronchiectasis**
DUE TO (c) **Arterio-sclerosis**

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
6 days
yes

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? **2**
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)
Rolla, Mo. Phelps County Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

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 **Dec**, 1957, to **2-2**, 1958, that I last saw the deceased **live on 2-2-1958**, and that death occurred at **9:25a** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **James M. Myers M.D.**

23b. ADDRESS **Rolla, Mo.**

23c. DATE SIGNED **2/7/58**

24a. BURIAL CREMATION REMOVAL (Specify) **Burial**

24b. DATE **2-4-1958**

24c. NAME OF CEMETERY OR CREMATORY **Rolla Cemetery**

24d. LOCATION (City, town, or county) (State) **Rolla, Mo.**

DATE REC'D BY LOCAL REG. **Feb. 4, 1958**

REGISTRAR'S SIGNATURE **Nadine L. Stoll**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **1100 Elm, Rolla, Mo.**

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

EMBED

Public Health Officer,

Number 975

Date filed 2-11-58

FEB 14 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 mo....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Carl J. Glenn*
Carl J. Glenn

Licensed Embalmer No...4707...

P. O. Address Rolla, Mo.....

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.