

FILED FEB 14 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2849
STATE FILE NUMBER
1151
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

300
1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY FRANKLIN				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN SULLIVAN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR MISSOURI-BAPTIST HOSPITAL		Length of stay in 1b 5 DAYS		3. STREET ADDRESS (If outside, give location) 31 ELMONT ROAD		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Mary Elizabeth Dunnivant				4. DATE OF DEATH Month Day Year Jan 17, 1958				
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 SEPT. 27, 1876		9. AGE (In years less birthday) 81	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) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) FENTON, MO.		12. COUNTRY OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME SAMUEL HAWKINS		13b. MOTHER'S MAIDEN NAME AGNES WILSON		14. NAME OF HUSBAND OR WIFE W.E. DUNNAVANT				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT W.E. DUNNAVANT SULLIVAN, MO				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Emboli DUE TO (b) Intestinal Diverticulitis DUE TO (c) Compound Fracture, Left Wrist PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) EA03-020						INTERVAL BETWEEN ONSET AND DEATH 5 days		
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.) FELL AT HOME, STRIKING OUTSTRETCHED						
20c. TIME OF INJURY Hour a.m. p.m. Jan 12-58		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, farm, factory, street, office bldg., etc.) 31 HOME						
20f. CITY, TOWN, OR LOCATION SULLIVAN		20g. COUNTY FRANKLIN		20h. STATE MO.				
21. I attended the deceased from 1-12-58 to 1-17-58 and last saw her alive on 1-16-58 Death occurred at 2:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Yeh P. Blair M.D.				22b. ADDRESS 100 N. Euclid		22c. DATE SIGNED 1-28-58		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JAN. 20, 1958		23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. CEMETERY		23d. LOCATION (City, town, or county) (State) SULLIVAN MO.		
24. FUNERAL DIRECTOR H. L. L. Sullivan, Mo.				25. DATE RECD. BY LOCAL REG. JAN 31 '58		26. REGISTRAR'S SIGNATURE J. Carl Smith M.D. S.P.		

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 *J. A. Humphrey*

Licensed Embalmer No. *4772*

P. O. Address *S. L. H. A. Co., N. C.*

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.