

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-008519  
State File No. ....

FILED MAR 5 - 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 391 PRIMARY REG. DIST. NO. 4504 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>STODDARD</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>MISSOURI</u> b. COUNTY <u>STODDARD</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ADVANCE</u>		c. CITY OR TOWN <u>ADVANCE</u>	
c. LENGTH OF STAY (in this place) <u>10 yrs.</u>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____ STREET ADDRESS (If rural, give location) _____ <u>1030</u>			

3. NAME OF DECEASED a. (First) <u>MARTHA</u> b. (Middle) <u>ANN</u> c. (Last) <u>DUNNING</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 15, 1958</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>MAY 31, 1899</u>		9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>78 8 15 - -</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>HENRY WINCHESTER</u>		13b. MOTHER'S MAIDEN NAME <u>MARY J. JENKINS</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN DUNNING</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>JOHN DUNNING, ADVANCE, Mo.</u> ADDRESS _____	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>0</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>331X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 2 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Martha W. ...</u> (Degree or title) _____		23b. ADDRESS <u>... Advance Mo</u>		23c. DATE SIGNED <u>2-27-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2/17/58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MORRIS MEM. PK.</u>	
24d. LOCATION (City, town, or county) (State) <u>ADVANCE, MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. Lloyd S. ...</u> ADDRESS _____			
DATE REC'D BY LOCAL REG. <u>2/25/58</u>		REGISTRAR'S SIGNATURE <u>Bernice Moore</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. Lloyd S. ...</u> ADDRESS _____	

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Wm H Morgan*

Licensed Embalmer No. *464*

P. O. Address *Adelanto, CA*

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.