

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011032

STATE FILE NUMBER

FILED MAR 18 1958

Registration District No. 277 Primary Registration District No. 4411 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PIKE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>BOWLING GREEN</u> TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR <u>NEW HARTFORD</u> TOWN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <u>BROWN REST HOME</u> INSTITUTION		Length of stay in lb <u>4</u> days	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>JOHN</u> ^{First} <u>WILLIAM</u> ^{Middle} <u>DUNN</u> ^{Last}			4. DATE OF DEATH <u>FEB 25, 1958</u> Month Day Year
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>FEB 28, 1876</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	9. AGE (In years last birthday) <u>82</u> IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HRS.
11. BIRTHPLACE (City and state or country) <u>PIKE COUNTY MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>JAMES R DUNN</u>		14. MOTHER'S MAIDEN NAME <u>MARTHA KING</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>CARYLL DUNN</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>Cerebral Apoplexy</u> <u>Return Blood</u> <u>Fracture</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Fracture</u> DUE TO (c) <u>Fracture</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Fracture</u> <u>6/11 X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>yes</u> <u>yes</u>
20a. ACCIDENT <input 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>years</u>		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>1940</u> to <u>Feb 25-58</u> and last saw ^{him} alive on <u>2-24-58</u> Death occurred at <u>7:25 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J. M. Matthews M.D.</u> (Degree or title)		22b. ADDRESS <u>Bowling Green Mo</u>	22c. DATE SIGNED <u>2-27-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>FEB. 27, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ASHLEY CEMETERTY</u>	23d. LOCATION (City, town, or county) (State) <u>ASHLEY MISSOURI.</u>
24. FUNERAL DIRECTOR <u>JOHN W BUTLER BOWLING GREEN, MO.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>3-10-58</u>	26. REGISTRAR'S SIGNATURE <u>Bill Robinson</u>

(Licensed Embalmer's Statement on Reverse Side)

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

Health, Welfare, Public Service
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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 *John W. Butts*.....

Licensed Embalmer No. *44*

Beaulieu Green
P. O. Address *Me*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.