

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-183462

STATE FILE NUMBER

FILED MAY 12 1958

Registration District No. 50 Primary Registration District No. 5179 Registrar's No. 10

300  
1-57

50  
3

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Camden</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> <u>7005</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Camdenton, Osage Township</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Independence</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS <b>2101 Hedges</b> (If outside, give location)
3. NAME OF DECEASED (Type or print) First Middle Last <b>Everett Earl Dunbar</b>			4. DATE OF DEATH Month Day Year <b>April 26, 1958</b>
5. SEX <b>Male</b> <u>0</u>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 17, 1912</b>
9. AGE (In years last birthday) <b>46</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <b>mechanic</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>auto</b>	11. BIRTHPLACE (City and state or country) <b>Clio, Iowa</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Roy Oliver Dunbar</b>	
13b. MOTHER'S MAIDEN NAME <b>Ruth Randall</b>		14. NAME OF HUSBAND OR WIFE <b>Vera Dunbar</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) ( <u>1941 - 1945</u> ) <b>yes</b>		16. SOCIAL SECURITY NO. <b>353-01-3590</b>	17. INFORMANT Address <b>Greenlee Funeral Home Lineville, Iowa</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>drowning</b>			INTERVAL BETWEEN ONSET AND DEATH <b>immediate</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<b>9298</b> <b>42</b>
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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>drowning</b>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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.) <b>Lake of the Ozarks</b>	
20f. CITY, TOWN, OR LOCATION <b>Camdenton, rural Camden</b>		COUNTY <b>Missouri</b>	STATE <b>Missouri</b>
21. I attended the deceased <del>xxx</del> on <b>May 5, 1958</b> to _____ and last saw her <sup>her</sup> alive on _____ Death occurred <del>xx</del> <b>April 26, 1958</b> at <b>12:55 PM</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J. D. Stotler</i> (Over the name) <b>Acting Coroner</b> <u>3</u>		22b. ADDRESS <b>Camdenton, Missouri</b>	
22c. DATE SIGNED <b>5/6/58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>5/6/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Clio Cemetery</b>
23d. LOCATION (City, town, or county) <b>Clio, Iowa</b>		(State)	
24. UNDER DIRECTOR'S ADDRESS <b>Hedges Funeral Home Camdenton, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>May 6-1958</b>	26. REGISTRAR'S SIGNATURE <i>Zilphe J. Draw</i>

MAY 29 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 *Walter P. Hedges* .....

Licensed Embalmer No. 4265  
P. O. Address Iberia, Missouri

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.