S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 58-017073

FILED APR 28 1958

BIRTH NO. ____ REG. DIST. NO. 353 PRIMARY REG. DIST. NO. 6196 Registrar's No. 15

1070 1

1. PLACE OF DEATH
a. COUNTY: Texas
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Licking
c. LENGTH OF STAY (in this place): Most of life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Texas
c. CITY OR TOWN: Licking
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): Dorsey Street 1070

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Jane
c. (Last): Dunlap

4. DATE OF DEATH (Month) (Day) (Year): April 23, 1958

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov 28, 1874
9. AGE (In years last birthday): 83 — 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): House Work.
10b. KIND OF BUSINESS OR INDUSTRY: ____
11. BIRTHPLACE (City and State or Foreign Country): Penn
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: William Sailors
13b. MOTHER'S MAIDEN NAME: Louisa Sliger
14. NAME OF HUSBAND OR WIFE: ____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ____
16. SOCIAL SECURITY NO.: ____
17. INFORMANT'S SIGNATURE OR NAME: Rolla Holman — ADDRESS: St Louis Mo

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac & pulmonary arrest — INTERVAL BETWEEN ONSET AND DEATH: ____

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: few minutes
DUE TO (c) arteriosclerotic & hypertensive heart disease.

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

19a. DATE OF OPERATION: ____
19b. MAJOR FINDINGS OF OPERATION: ____
20. AUTOPSY? 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): ____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ____
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* 1953, 19____, *to* 1957, 19____, *that I last saw the deceased alive on* Deceased, *and that death occurred at* 10:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE: B. J. Myers (Degree or title) DO.
23b. ADDRESS: Licking, Mo
23c. DATE SIGNED: 4-25-58

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-25-58
24c. NAME OF CEMETERY OR CREMATORY: Van Cleve Cem.
24d. LOCATION (City, town, or county) (State): Texas Co. Mo

DATE REC'D BY LOCAL REG.: 4-26-58
REGISTRAR'S SIGNATURE: Mrs. Elnora Hesse
25. FUNERAL DIRECTOR'S SIGNATURE: Smith & Ferguson — ADDRESS: Licking Mo

(Licensed Embalmer's Statement on Reverse Side)

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

324 0

FEB 2 1959

VS FEB 10 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Eubert E. Ferguson

Licensed Embalmer No. 394

P. O. Address Lockney

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