

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018788

STATE FILE NUMBER

FILED JUN 2 1958

Registration District No. 160 Primary Registration District No. 3029 Registrar's No. 75

300
-57

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE MISSOURI b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CRYSTAL CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN CRYSTAL CITY 0501
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 118 Ozark Drive		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 118 OZARK DRIVE
3. NAME OF DECEASED (Type or print) First Middle Last ROBERT C. DUNN			4. DATE OF DEATH Month Day Year 5-20-58
5. SEX MALE	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 5-4-1893
9. AGE (in years at birthday) 65		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) FOREMAN		10b. KIND OF BUSINESS OR INDUSTRY P.P.G. CO.	11. BIRTHPLACE (City and state or country) CLAY CITY, ILL
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME JAMES DUNN	
13b. MOTHER'S MAIDEN NAME ELIZABETH HAMILTON		14. NAME OF HUSBAND OR WIFE ETTA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WWI		16. SOCIAL SECURITY NO. 489 035575	
17. INFORMANT MRS R.C. DUNN		Address CRYSTAL CITY, 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) myocarditis DUE TO (b) Cor. of Lung C DUE TO (c) metastasis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 1 month
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 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
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 November 1957 to April 10, 1958 and last saw her/him alive on April 10, 1958 Death occurred at 2:42P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Clifton B. Jurek D.O.		22b. ADDRESS 303W. Main St.	
22c. DATE SIGNED 5-21-58			
23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) BURIAL		23b. DATE 5-23-58	
23c. NAME OF CEMETERY OR CREMATORY ROSELAWN GARDEN CEM.		23d. LOCATION (City, town, or county) (State) CRYSTAL CITY, MO.	
24. FUNERAL DIRECTOR GENTRY R. POLITTE		ADDRESS CRYSTAL CITY, MO.	
25. DATE RECD. BY LOCAL REG. 5-22-58		26. REGISTRAR'S SIGNATURE Clifton B. Jurek	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

8661 7 NOS.

JEFFERSON COUNTY HEALTH DEPT.

HILLSBORO, MISSOURI

DATE RECEIVED

84-68-2

MAY 27 1958

STATE OF MISSOURI

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 *Emilio R. Palitto*

Licensed Embalmer No. *3481*
P. O. Address *Crystal City*

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.