

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028714  
State File No. ....

FILED AUG 27 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 4186 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SULLIVAN</u>		c. LENGTH OF STAY (In this place) <u>31 YRS.</u>	c. CITY OR TOWN <u>SULLIVAN</u> <sup>0361</sup>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WATSON ROAD</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>WATSON ROAD</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MAUD</u>	b. (Middle) <u>LILLIAN</u>	c. (Last) <u>DUNTON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 16 1958</u>
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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>OCT. 11 1870</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>87 10 5</u>
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>POTOSI, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>WESLEY PEARSON</u>	13b. MOTHER'S MAIDEN NAME <u>LUCY WOODFORD</u>	14. NAME OF HUSBAND OR WIFE <u>WILLIAM S. DUNTON</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>493-01-14578</u>	17. INFORMANT'S SIGNATURE OR NAME <u>WILLIAM DUNTON</u>	ADDRESS <u>SULLIVAN, MO.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY THROMBOSIS - INFARCTION</u>		INTERVAL BETWEEN ONSET AND DEATH <u>26 HRS</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIO SCLEROTIC HEART DISEASE 10 YRS.</u> DUE TO (c) _____		
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	<u>4200</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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>4200</u>
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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?
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22. I hereby certify that I attended the deceased from JUNE 28, 1958, to AUG 16, 1958, that I last saw the deceased alive on AUG 15, 1958, and that death occurred at 1:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Donald H. Kettner MD</u>	(Degree or title)	23b. ADDRESS <u>Sullivan, Mo</u>	23c. DATE SIGNED <u>8/16/58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>AUG 17, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. MEMORIAL CEM</u>	24d. LOCATION (City, town, or county) (State) <u>SULLIVAN Mo.</u>
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DATE RECD BY LOCAL REG. <u>8-16-1958</u>	REGISTRAR'S SIGNATURE <u>Thomas G. Dunsen</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Sullivan</u>	ADDRESS <u>Sullivan, Mo.</u>
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JAN 1 1961

**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 *J. A. Humphrey*.....

Licensed Embalmer No. *772*.....

P. O. Address *Sullivan*.....

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.