

XC-1448583
SL 17304

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030338

STATE FILE NUMBER

FILED AUG 28 1958 Station District No. 318 Primary Registration District No. 1003 Registrar's No. 7797

300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE IOWA b. COUNTY MUSCATINE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND, ST. LOUIS, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MUSCATINE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 35 VET. ADM. HOSPITAL		Length of stay in lb 25 days	d. STREET ADDRESS (If outside, give location) 33 214 GILBERT
3. NAME OF DECEASED (Type or print) First WALTER Middle T. Last DUNPHY			4. DATE OF DEATH Month AUGUST Day 10 Year 1958
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1/10/91
9. AGE (In years last birthday) 67		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) BUTTON CUTTER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) COTTER, IOWA
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME EDWARD DUNPHY	
13b. MOTHER'S MAIDEN NAME EMALINE BELL		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES		16. SOCIAL SECURITY NO. unknown	17. INFORMANT VA HOSP. RECORDS, ST. LOUIS, 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) PULMONARY TUBERCULOSIS			INTERVAL BETWEEN ONSET AND DEATH 1 Year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			1002XH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PNEUMONIA CARCINOMA OF LUNG WITH WIDESPREAD METASTASES, BRONCHO-PULMONARY EMPHYSEMA, CIRRHOSIS OF LIVER			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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.)		
20c. TIME OF INJURY Hour _____ 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 7/16/58 to 8/10/58 and last saw him ^{alive} on 8/10/58 Death occurred at 4:15 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.		22. DATE SIGNED 8/10/58	
22a. SIGNATURE Charles G. Thraut		22b. ADDRESS VAH, ST. LOUIS, MO.	22c. DATE SIGNED 8/10/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8-11-58	23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	23d. LOCATION (City, town, or country) (State) Muscatine Iowa
24. FUNERAL DIRECTOR Edw. Fendler		ADDRESS 5611 So Grand	25. DATE RECD. BY LOCAL REG. AUG 1 1'58
26. REGISTRAR'S SIGNATURE Charles Smith MD			27. REGISTRAR'S SIGNATURE MS

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Clarence Billo*

Licensed Embalmer No. *4375*

P. O. Address

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.