

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033934

STATE FILE NUMBER

FILED SEP 23 1958 Registration District No. 316 Primary Registration District No. 6073 Registrar's No. 350

5. 300
1-57

3

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Arkansas b. COUNTY Clay <i>8030</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre -Rural		c. CITY OR TOWN Corning	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Perry Township		d. STREET ADDRESS (If outside, give location) Rt-1	
Length of stay in 1b		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last MINNIE LEE DUNN			4. DATE OF DEATH Month Day Year August 21, 1958
5. SEX female	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 Jan. 13, 1907
9. AGE (In years last birthday) 51		10. FUNDING YEAR IF UNDER 24 HRS. Months Days Hours Min. 2 8	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Pine, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME no record	
13b. MOTHER'S MAIDEN NAME Heddie Adams		14. NAME OF HUSBAND OR WIFE Clifford O. Dunn	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 437-58-0695	17. INFORMANT Gene Johnson
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Internal Injuries, Broken Rt. Leg		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) and multiple injuries Carroll J. Verdick; bullet, penetrating south in the middle bound body of Verdick, 47, due to a collision with a DUE TO (c) 1954 trucking accident with a wooden platform		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
20a. ACCIDENT <input checked="" 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.) Injuries received in automobile		
20c. TIME OF INJURY Hour Month Day Year 6:30 a.m. 8/21/58	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U.S. Highway #67		
20e. CITY, TOWN, OR LOCATION St. Francois	20f. COUNTY Mo.	STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Beryl Muller		22b. ADDRESS Farminston, Mo	22c. DATE SIGNED 9/21/58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 8/24/58	23c. NAME OF CEMETERY OR CREMATORY Williams	23d. LOCATION (City, town, or county) (State) Clay Co, Arkansas
24. FUNERAL DIRECTOR Russell-Ermert	ADDRESS Corning, Ark.	25. DATE RECD. BY LOCAL REG. Sept. 21, 1958	26. REGISTRAR'S SIGNATURE Esther Rudloff

SEP 24 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 *B. T. Boyer*

Licensed Embalmer No. *3465*

P. O. Address *Leesburg, Va*

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.