

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034877

STATE FILE NUMBER

FILED OCT 6 1958

Registration District No.

317

Primary Registration District No.

531

Registrar's No.

2482

1. PLACE OF DEATH

a. COUNTY

St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Illinois

b. COUNTY

Jersey

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN University City

Inside Limits

Yes ☒ No ☐

c. CITY

OR
TOWN

Jerseyville

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION 797 Yale Ave.

Length of stay in lb

2 days

d. STREET
ADDRESS

(If outside, give location)

517 Exchange

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Margaret

G.

Dunham

4. DATE

OF
DEATH

Month

Day

Year

Sept.

25,

1958

5. SEX

Female

6. COLOR OR RACE

White

7. MARRIED ☐ NEVER MARRIED ☐

WIDOWED ☒ 2 DIVORCED ☐

8. DATE OF BIRTH

Dec. 19, 1884

9. AGE (In years
last birthday)

73

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)

Housework

10b. KIND OF BUSINESS OR

INDUSTRY
At home

11. BIRTHPLACE (City and state or country)

Kane, Ill.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13a. FATHER'S NAME

Achilles Graves

13b. MOTHER'S MAIDEN NAME

Nancy Isabell Roady

14. NAME OF HUSBAND OR WIFE

William P. Dunham

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.

None

17. INFORMANT

Address

Percy C. Neely Jr. 797 Yale Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Myocardial Infarction

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b) Shock

DUE TO (c) Electrolyte and fluid loss

INTERVAL BETWEEN
ONSET AND DEATH

3 hrs.

24 hrs.

5 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetes mellitus

19. WAS AUTOPSY
PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE
WORK AT WORK ☐

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 9/25/58 to 9/26/58

and last saw her alive on 9/26/58

Death occurred at 2 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

600 Union Blvd.

22c. DATE SIGNED

9/26

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

9-26-58

23c. NAME OF CEMETERY OR CREMATORY

Oak Grove Cemetery

23d. LOCATION (City, town, or county)

Jerseyville, Ill.

(Street)

24. FUNERAL DIRECTOR

ADDRESS

Albert H. Hoppe, 4700 Washington Blvd.

25. DATE RECD. BY LOCAL REG.

9-26-58

26. REGISTRAR'S SIGNATURE

Veriet P. Dombard

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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

Licensed Embalmer No. 4194

P. O. Address St. Louis,

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.