

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006479

STATE FILE NUMBER

FILED MAR 6 1959 Registration District No. 241 Primary Registration District No. 5829 Registrar's No. 2

300
1-57

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Portage Twsp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Lilbourn
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 m. N.W. of Portageville		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Charley Middle Dunn Last Dunn			4. DATE OF DEATH Month February Day 19 Year 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 5 1886
9a. AGE (In years last birthday) 72		9b. F UNDER 1 YEAR Months 7 Days 14	9c. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pensioner		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Benton, Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Dunn	
13b. MOTHER'S MAIDEN NAME Mollie McDermet		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) No		16. SOCIAL SECURITY NO.	17. INFORMANT Address Ellis Dunn-Portageville, 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) Progressive Pulmonary Edema			INTERVAL BETWEEN ONSET AND DEATH 24 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerotic Cardiovascular disease			20 years
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4221			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Month, Day, Year a.m. p.m. 			
20d. INJURY OCCURRED WHILE AT <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 1/15/59 to 2/19/59 and last saw him alive on 2/19/59 Death occurred at 12:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE James D. Graber, M.D. (Degree or title)		22b. ADDRESS Portageville, Mo	22c. DATE SIGNED 2/20/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-21-59	23c. NAME OF CEMETERY OR CREMATORY Mounds Park	23d. LOCATION (City, town, or country) (State) Near Lilbourn, Mo.
24. FUNERAL DIRECTOR Ponder Funeral Home-Lilbourn, Mo.		25. DATE RECD. BY LOCAL REG. 2-26-59	26. REGISTRAR'S SIGNATURE Ellen De Lisle Miles

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

ALL diseases in Part I must be causally related.

MAR 6 1959

NEW HAMPSHIRE CO. HEALTH CENTER
P. O. J.

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 David H. Ponder

Licensed Embalmer No. 5090

P. O. Address Lillians, Me

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.