

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

APR 6 1959

59-010051
STATE FILE NUMBER

FILED APR 7 1959 Registration District No. 178 Primary Registration District No. Registrar's No. 29

1. PLACE OF DEATH a. COUNTY LEWIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LEWIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LEWISTOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN LEWISTOWN 0.560 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION XXXXXXXXXXXXXXXX		Length of stay in lb XXXXX	d. STREET ADDRESS (If outside, give location) XXXXXXXXXXXXXXXXXX Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last NANNIE BRIDGET DUNN			4. DATE OF DEATH Month Day Year APRIL 2, 1959
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10/26/1864
9. AGE (In years last birthday) 94		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) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY XXXXXXXXXXXXX	11. BIRTHPLACE (City and state or country) HANCOCK COUNTY, ILL. 12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME DERBY GLYNN		13b. MOTHER'S MAIDEN NAME MARY ELIZABETH BLESSINGTON	14. NAME OF HUSBAND OR WIFE JOHN DUNN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO XXXXXXXXXXXXXXXX		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address MARY JENNINGS Lewistown, 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) <u>Cerebral Vascular Accident</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) <u>331X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Influenza</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> 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 <u>Aug 1952</u> to <u>2 Apr 1959</u> and last saw her/him alive on <u>2 April 59</u> Death occurred at <u>DOA</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>John W. Wiles D.O. 2</u>		22b. ADDRESS LEWISTOWN, MO.	22c. DATE SIGNED 4/3/59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4/4/59	23c. NAME OF CEMETERY OR CREMATORY LA HARPE	23d. LOCATION (City, town, or county) (State) LA HARPE, ILL.
24. FUNERAL DIRECTOR <u>Charles L. Arnold</u> ADDRESS Lewistown, Mo.		25. DATE RECD. BY LOCAL REG. 4-4-59	26. REGISTRAR'S SIGNATURE <u>P. W. Jennings, M.D.</u> E.L.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All discharges 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 *Charles L. Arnold Sr.*

Licensed Embalmer No. 4667

P. O. Address Lewistown, Mo.

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.