

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022261

State File No.

FILED JUL 19 1959

REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 5823 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marston</u>		c. LENGTH OF STAY (In this place) c. CITY OR TOWN <u>Marston</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		f. STREET ADDRESS <u>720</u> (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Vivian</u> b. (Middle) <u>Dunigan</u> c. (Last) <u>Dunigan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 11 59</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>Dec. 1 1958</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>** **</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months <u>6</u> Days <u>10</u> IF UNDER 24 HRS. Hours <u>11</u> Min. <u>59</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Marston, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Willie Lee Dunigan</u>		13b. MOTHER'S MAIDEN NAME <u>Odessa Mosby</u>	14. NAME OF HUSBAND OR WIFE <u>-- --</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>No.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Willie Lee Dunigan</u> ADDRESS <u>Marston Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Bronchopneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> ANTECEDENT CAUSES DUE TO (b) <u>Whooping Cough (Pertussis)</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Severe Malnutrition</u> <u>6 months</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>0561</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>6 June 59</u> , 19 <u>59</u> , to <u>10 June</u> , 19 <u>59</u> , that I last saw the deceased alive on <u>10 June</u> , 19 <u>59</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Andrew E. Painter M.D.</u>		23b. ADDRESS <u>223 King St. Portageville, Mo.</u>	23c. DATE SIGNED <u>26 June 59</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/12/59</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masonic</u>	24d. LOCATION (City, town, or county) (State) <u>Point Pleasant Mo.</u>
DATE REC'D BY LOCAL REG. <u>6/26/59</u>	REGISTRAR'S SIGNATURE <u>Fay Hedgcock</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Richards Und't Co. New Madrid, Mo.</u>	

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

P. J. 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 *Not Embalmed*....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *L. H. H. H. H.*
Licensed Embalmer No. 3803
P. O. Address New Madrid

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.