

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022444

STATE FILE NUMBER

JUN 16 1959

Registration District No. 282

Primary Registration District No. 3055

Registrar's No. 77

S. 300
r. 1-57

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 Polk				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Polk			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bolivar, Mo				Inside Limits Yes ☒ No ☐		c. CITY OR TOWN Bolivar	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home				Length of stay in lb		d. STREET ADDRESS (If outside, give location) 832 Buffalo, St.	
3. NAME OF DECEASED (Type or print) First Sallie Middle Francis Last Dunham				4. DATE OF DEATH Month 6 Day 9 Year 1959			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐		8. DATE OF BIRTH Sept. 23, 1875	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Lebanon, Ky		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Rice				13b. MOTHER'S MAIDEN NAME Sarah E. McPherson		14. NAME OF HUSBAND OR WIFE James Joseph 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 Clara Wells Bolivar, 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) acute heart failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Chronic myocarditis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4222						INTERVAL BETWEEN ONSET AND DEATH Sudden	
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 _____ a.m. _____ p.m. Month, Day, Year _____							
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 act 1913 to June 59 and last saw her alive on 6/8/59 Death occurred at 6:00 A. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) D C McCran mss				22b. ADDRESS Bolivar Mo		22c. DATE SIGNED 6/12/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/11/59		23c. NAME OF CEMETERY OR CREMATORY Greenwood		23d. LOCATION (City, town, or county) (State) Bolivar, Missouri	
24. FUNERAL DIRECTOR ADDRESS Paul D. Butler Bolivar, Mo				25. DATE RECD. BY LOCAL REG. June 13, 1959		26. REGISTRAR'S SIGNATURE Ralph Jordan per Jewell	

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 Paul D. Butler

Licensed Embalmer No. 4471
P. O. Address Bolivar, 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.