

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035815

FILED VS. NOV 16 1959 / 28

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1197

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		Length of stay in 1b		c. CITY OR TOWN <u>Springfield</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>RFD#4 Box 463</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>WALTER</u> Middle <u>B.</u> Last <u>DUNN</u>				4. DATE OF DEATH Month <u>November</u> Day <u>6</u> Year <u>1959</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>11 May 1922</u>		9. AGE (last birthday) <u>37</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Butcher</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Meat Packing Plant</u>		11. BIRTHPLACE (City and state or country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>					
13a. FATHER'S NAME <u>William B. Dunn</u>				13b. MOTHER'S MAIDEN NAME <u>Sadie C. Wilsie</u>				14. NAME OF HUSBAND OR WIFE <u>Marguerite Dunn</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWII</u>				16. SOCIAL SECURITY NO. <u>489-24-7944</u>		17. INFORMANT <u>Marguerite Dunn (Wife) Springfield, Mo.</u>				Address			
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>Pulmonary embolus - massive</u>										INTERVAL BETWEEN ONSET AND DEATH <u>10 minutes</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Multiple fractures - both</u>										<u>16 days</u>			
DUE TO (c) <u>elbows + left os calcis</u>													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <u>Fell from ladder at work</u>									
20c. TIME OF INJURY Hour <u>2:10</u> a.m. Month, Day, Year <u>Oct 59</u>													
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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 <u>Springfield</u>			COUNTY <u>Greene</u>		STATE <u>MO.</u>		
21. I attended the deceased from <u>21 Oct 59</u> to <u>6 Nov 59</u> and last saw her/him alive on <u>5 Nov 59</u> Death occurred at <u>4:35 AM.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>Tim M. Anderson M.D.</u>						22b. ADDRESS <u>609 Cherry Springfield, Missouri</u>			22c. DATE SIGNED <u>10 Nov 59</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			23b. DATE <u>11/10/59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>White Chapel Cemetery</u>			23d. LOCATION (City, town, or county) <u>Springfield, Missouri</u>			(State)		
24. FUNERAL DIRECTOR <u>Klingner Mortuary</u>				ADDRESS <u>Springfield, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>11-10-59</u>		26. REGISTRAR'S SIGNATURE <u>Effie G. Melton</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 16 1955

NOV 25 1959

APR 5 1960

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. 590

working under my personal supervision.

Student John B. Klusnick Jr
Signature of Student Embalmer

Signed Ogle Stone Jr

Licensed Embalmer No. 4176

P. O. Address Springfield

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.