

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-000501

FILED VS JAN 19 1960

STATE FILE NUMBER

Registration District No. 44 Primary Registration District No. 4061 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Caldwell				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri . COUNTY Caldeell									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Braymer		Length of stay in 1b 14yrs		c. CITY OR TOWN Braymer, Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Own home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) None		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First AMANDA Middle M. Last DUNNIGAN				4. DATE OF DEATH Month Jan. Day 7 Year 1960									
5. SEX female		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 9-7-86		9. AGE (last birthday) 73yrs		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY own home			11. BIRTHPLACE (City and state or country) Missouri			12. CITIZEN OF WHAT COUNTRY USA				
13a. FATHER'S NAME Logan Buster				13b. MOTHER'S MAIDEN NAME Patsy Alnutt				14. NAME OF HUSBAND OR WIFE deceased					
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 Helen Brown, Address Kansas City, 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) Cerebral Hemorrhage										INTERVAL BETWEEN ONSET AND DEATH few minutes			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis										many years			
DUE TO (c) Generalized arteriosclerosis										many years			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Rheumatoid arthritis								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
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 WORK <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 June 2, 1947 to Jan 7, 1960 and last saw her alive on Jan. 4, 1960 Death occurred at --- on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE A.E. Goldberg M.D. (Degree or title)						22b. ADDRESS Braymer, Mo			22c. DATE SIGNED 1-8-60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-10-60		23c. NAME OF CEMETERY OR CREMATORY Tinneys Grove Cem.				23d. LOCATION (City, town, or county) (State) Braymer, Mo RFD					
24. FUNERAL DIRECTOR MEAD-PITTS Funeral Service, ADDRESS Braymer, Mo				25. DATE RECD. BY LOCAL REG. 1-14-60		26. REGISTRAR'S SIGNATURE Mrs. Leth Anne Zippert							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John W. Peth

Licensed Embalmer No. 5074

P. O. Address Braymer, 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.