JRI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 28 1960

■60-009946
STATE FILE NUMBER

NDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 370

1. PLACE OF DEATH
a. COUNTY BUCHANAN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. JOSEPH
Length of stay in 1b: 7 WEEKS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MISSOURI METHODIST
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE KANSAS b. COUNTY DONIPHAN
c. CITY OR TOWN ELWOOD
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS -- (If outside, give location)
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ANNA Middle MARIE Last DUNN
4. DATE OF DEATH: Month MARCH Day 20 Year 1960
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: SEPT. 30, 1900
9. AGE (last birthday): 59
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): LABORER
10b. KIND OF BUSINESS OR INDUSTRY: NOMA LITE, INC.
11. BIRTHPLACE (City and state or country): OKLA. CITY, OKLA.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: FRED PRATZ
13b. MOTHER'S MAIDEN NAME: MAGALENE K. EXINTE
14. NAME OF HUSBAND OR WIFE: EARL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 514-22-0306
17. INFORMANT: EARL DUNN Address: ELWWOD, KANSAS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchogenic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 2 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 WORK ☐ NOT WHILE 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 Jan. 20 1960, to March 20 60 and last saw her alive on 3/20/60
Death occurred at 5:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Owen W. Craig MD
22b. ADDRESS: 620 Francis or St Joseph Mo.
22c. DATE SIGNED: 3/21/60

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 3/20/1960
23c. NAME OF CEMETERY OR CREMATORY: BELLEMONT CEMETERY
23d. LOCATION (City, town, or county) (State): WATHENA, KANSAS

24. FUNERAL DIRECTOR: HARMAN FUNERAL HOME ADDRESS: WATHENA, KANS.
25. DATE RECD. BY LOCAL REG.: Mar. 24, 1960
26. REGISTRAR'S SIGNATURE: Mrs. Clark Gardell

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

O.W. Craig M.D.

STATEMENT BY LICENSED EMBALMER

MAY 25, 19[illegible]

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 Charles M. Harris

Licensed Embalmer No. 4487

P. O. Address WATHENA, KANSAS

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com
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.