URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 28 1960

60-011640

STATE FILE NUMBER

Registration District No. 174 Primary Registration District No. 5644 Registrar's No. 29

NDED

1. PLACE OF DEATH
a. COUNTY Lafayette
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington Township — Length of stay in 1b 4 months
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Goodloe Rest Home — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lafayette
c. CITY OR TOWN Waverly — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) North side — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First James Middle Oren Last Dunkle

4. DATE OF DEATH Month March Day 11 Year 1960

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒

8. DATE OF BIRTH Jan. 16/1878

9. AGE (last birthday) 82 — 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) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farm owner

11. BIRTHPLACE (City and state or country) Carroll County

12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Oren Dunkle

13b. MOTHER'S MAIDEN NAME Anna Barrier

14. NAME OF HUSBAND OR WIFE Bertha Bell Dunkle

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. None UNKNOWN

17. INFORMANT Roy L. Dunkle — Address Kansas City, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) Influenza of 3 wks duration. Arteriosclerosis

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 Mar. 6, 1960 to Mar. 6, 1960 and last saw her/him alive on Mar. 6, 1960
Death occurred at 7 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ben H Brosher MD

22b. ADDRESS Lexington, Mo.

22c. DATE SIGNED 3/16/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Mar. 13, 1960

23c. NAME OF CEMETERY OR CREMATORY Waverly Cemetery

23d. LOCATION (City, town, or county) (State) Waverly, Missouri

24. FUNERAL DIRECTOR Gibson Funeral Home — ADDRESS Waverly, Mo.

25. DATE RECD. BY LOCAL REG. 3-28-60

26. REGISTRAR'S SIGNATURE Monessa E Eastbrooks

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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_____

Licensed Embalmer No._____

P. O. Address_____

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.