

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-020861

FILED VS JUN 6 1960

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5340**

STATE FILE NUMBER

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| 1. PLACE OF DEATH a. COUNTY St. Louis Mo. | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Length of stay in 1b | c. CITY OR TOWN St. Louis |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist Hosp | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 1048 So. Newstead |

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| 3. NAME OF DECEASED (Type or print) First Thomas Middle ayen Last Dunbar | | | 4. DATE OF DEATH Month May Day 20 Year 1960. | | | |
| 5. SEX male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 9/3/88 | 9. AGE (last birthday) 76 | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician | | 10b. KIND OF BUSINESS OR INDUSTRY | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | | |

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|---|--|---|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Pauling New York | |
| 13a. FATHER'S NAME George W. Dunbar | | 13b. MOTHER'S MAIDEN NAME unknown | | 14. NAME OF HUSBAND OR WIFE Charlies D. Dunbar | |

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| 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. 491-05-9933 | 17. INFORMANT Mary Raley 8762 Traubell |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | INTERVAL BETWEEN ONSET AND DEATH 6 wks |
| IMMEDIATE CAUSE (a) Gangrene of lower extremities, bilateral | | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Obliterative atherosclerosis of extremities | | |
| DUE TO (c) Arteriosclerosis general | | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 457.1 | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N <input type="checkbox"/> Unknown | |
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| 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 _____ a.m. _____ p.m. _____ | Month, Day, Year | | |

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|--|--|------------------------------|--------|-------|
| 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 April 14/60 to 5/20/60 and last saw him alive on 5/20/1960 Death occurred at 1145/8 m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | |

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| 22a. SIGNATURE Isaac Schaffer MD | (Profession or title) | 22b. ADDRESS 100 N. Euclid | 22c. DATE SIGNED 5/22/60 |
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|--|----------------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE May 23, 1960 | 23c. NAME OF CEMETERY OR CREMATORY Mount Lebanon | 23d. LOCATION (City, town, or county) (State) St. Louis County Mo. |
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| 24. FUNERAL DIRECTOR Bull-Campbell Mortuary 5165 Delmore | ADDRESS | 25. DATE RECD. BY LOCAL REG. MAY 23 1960 | 26. REGISTRAR'S SIGNATURE Loard Smith. M.D. |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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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 Robert M. Murr

Licensed Embalmer No. 3711

P. O. Address St Louis

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.