

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-033565

FILED VS AUG 28 1960

360

Primary Registration District No.

3076

Registrar's No.

162

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY VERNON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BATES				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN NEVADA		Length of stay in 1b 1 HOUR		c. CITY OR TOWN RICH HILL RFD # 1		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION NEVADA CITY HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2 Mi. South-Rich Hill		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last EUGENE MILTON DUNHAM				4. DATE OF DEATH Month Day Year AUGUST 12, 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 1-22-12	9. AGE (last birthday) 48	IF UNDER 1 YEAR Months 6 Days 21	IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY BUILDING		11. BIRTHPLACE (City and state or country) GARDEN CITY, MO		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME E. MARTIN DUNHAM			13b. MOTHER'S MAIDEN NAME MARY LOUISE GILKESON		14. NAME OF HUSBAND OR WIFE JEAN DUNHAM			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W. W. II			16. SOCIAL SECURITY NO. 495-01-7861	17. INFORMANT Address MRS. JEAN DUNHAM- RICH HILL, 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) CORONARY OCCLUSION WITH MYOCARDIAL INFARCTION							INTERVAL BETWEEN ONSET AND DEATH 3 hrs.	
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. <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 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 Aug 12, 1960 to Aug 12, 1960 and last saw him live on Aug 12, 1960 Death occurred at 11:50 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Doctor or title) <i>Paul R. [Signature]</i>				22b. ADDRESS Moore Building, Nevada, Mo.		22c. DATE SIGNED 8-16-60		
23a. BURIAL CREMATION, & REMOVAL (Specify) BURIAL	23b. DATE 8/15/60	23c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery		23d. LOCATION (City, town, or county) Rich Hill, Missouri		STATE		
24. FUNERAL DIRECTOR Booth Funeral Service-Rich Hill, Mo.			ADDRESS		25. DATE RECD. BY LOCAL REG. 8-19-1960	26. REGISTRAR'S SIGNATURE <i>Anna E. Ferry</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 25 1960

FEB 1 1962

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 S. Under

Licensed Embalmer No. 3585

P. O. Address Butler, Missouri

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.