

# FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 21 1960

-60-035618  
STATE FILE NUMBER

Registration District No. 265 Primary Registration District No. 4387 Registrar's No. 23

NDED

1. PLACE OF DEATH a. COUNTY <b>OREGON</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>OREGON</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ALTON</b>		Length of stay in 1b	c. CITY OR TOWN <b>ALTON</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>SILINA</b> Middle <b>LOUISE</b> Last <b>DUNIGAN</b>			4. DATE OF DEATH Month <b>AUG.</b> Day <b>30</b> Year <b>1960</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6-1-1874</b>	9. AGE (last birthday) <b>86</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>DOMESTIC</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOUSEWIFE</b>	11. BIRTHPLACE (City and state or country) <b>NOVA SCOTIA, CANADA</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>GEORGE WEST</b>		13b. MOTHER'S MAIDEN NAME <b>CATHERINE MONAT</b>		14. NAME OF HUSBAND OR WIFE <b>ANDERSON DUNIGAN (deceased)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT <b>Mrs. Mildred Minich, Alton, Missouri</b> Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma Colon</b> DUE TO (b) <b>Hypertensive Heart Disease</b> DUE TO (c) <b>Calculation for Ca of Pictus 1950</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>which was not related to last illness</b>					INTERVAL BETWEEN ONSET AND DEATH <b>4 months</b>
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 <b>June 11 1960</b> to <b>Aug 20</b> and last saw her/him alive on <b>Aug 19 1960</b> Death occurred at <b>7:10 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Elmer Cooper</b> (Degree or title)			22b. ADDRESS <b>Thayer Mo</b>		22c. DATE SIGNED <b>9/2/60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>9-2-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>HICKORY GROVE CEMETERY</b>		23d. LOCATION (City, town, or county) <b>ALTON, MISSOURI</b>	
24. FUNERAL DIRECTOR <b>Elmer Cooper</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>9/16/1960</b>		26. REGISTRAR'S SIGNATURE <b>Gene Johnson, Deputy</b>	

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 *Leona Carter*

Licensed Embalmer No. 4511  
P. O. Address West Plains

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.