

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037238

FILED VS SEP 27 1960 360

Registration District No. _____ Primary Registration District No. 6225 Registrar's No. 201

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Washington Township</u>		a. STATE <u>Mo</u>	b. COUNTY <u>Cole</u>
Length of stay in lb <u>15 mos</u>		c. CITY OR TOWN <u>Bolivar</u>	Inside Limits? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital No-3</u>		d. STREET ADDRESS (If outside, give location) <u>unknown</u>	Reside on Farm? Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First	Middle	Last	Month	Day
<u>JAMES</u>	<u>JOSEPH</u>	<u>DUNHAM</u>	<u>9</u>	<u>15</u>
Year	<u>60</u>			
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4/12/71</u>	9. AGE (last birthday) <u>89</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stony Johnson Co Mo U.S.G.</u>	11. BIRTHPLACE (City and state or country) <u>Mo U.S.G.</u>	
13a. FATHER'S NAME <u>Joe Dunham</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Mae ? ?</u>		14. NAME OF HUSBAND OR WIFE <u>Sallie Dunham</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT Address <u>Hospital records</u>

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
IMMEDIATE CAUSE (a) <u>Pneumonitis</u>		<u>4 days</u>
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) <u>Arteriosclerosis</u>	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
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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.) <u>None</u>
20c. TIME OF INJURY Hour _____ Month, Day, Year _____		
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 5/5/59 to 9/15/60 and last saw ^{her}him alive on 9/15/60
Death occurred 6:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>George Esker M.D.</u> (Degree or title)	22b. ADDRESS <u>State Hospital No 3</u>	22c. DATE SIGNED <u>9/14/60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9/18/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bolivar</u>	23d. LOCATION (City, town, or county) (State) <u>Bolivar Mo</u>
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24. FUNERAL DIRECTOR <u>Paul & Ruth</u>	ADDRESS <u>Bolivar, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>9-23-1960</u>	26. REGISTRAR'S SIGNATURE <u>Anna & Jerry</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 Paul D Butler

Licensed Embalmer No. 4471

P. O. Address Bolivar

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