

1. Health,
& Welfare
5. Public
th Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4180-60-041505

FILED VS NOV 28 1960

Registration District No. 109 Primary Registration District No. 99 Registrar's No. 33

S. 300
v. 1-57
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1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Campbell		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Campbell 0350
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 00 Residence		Length of stay in lb	d. STREET ADDRESS 705 Gar St
3. NAME OF DECEASED (Type or print) First Middle Last James R Dunnaway			4. DATE OF DEATH Month Day Year 11 14 60
5. SEX Male 0	6. COLOR OR RACE Wht	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-14-1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat Cutter		10b. KIND OF BUSINESS OR INDUSTRY Retired	9. AGE (In years last birthday) Months Days Hours Min. 79
11. BIRTHPLACE (City and state or country) Kentucky /		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Deceased
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. 197-05-5485	17. INFORMANT Address Curtis Daffron St. Francis, Ark
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUE TO (b) Hypertension			
DUE TO (c) 331X			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 0	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 _____, to _____ and last saw him alive on Nov. 4, 1960 Death occurred at 4:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Byron L. Franklin		22b. ADDRESS Campbell Mo.	22c. DATE SIGNED 11/15/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-16-60	23c. NAME OF CEMETERY OR CREMATORY Gravel Hill Cemetery	23d. LOCATION (City, town, or county) (State) St. Francis, Ark
24. FUNERAL DIRECTOR Russell Mortuary		25. DATE RECD. BY LOCAL REG. 11-16-1960	26. REGISTRAR'S SIGNATURE Miss Beulah Campbell

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

ca file no. 1160227

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Me, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Genard W. Haggard

Licensed Embalmer No. 1116 Ark
P. O. Address Piggott, Ark

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.