

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-043249

FILED VS DEC 13 1960

316

Registration District No. Primary Registration District No. Registrar's No. 477

STATE FILE NUMBER

DED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <i>St. Francois</i>	Length of stay in 1b <i>4 yrs.</i>	a. STATE <i>Mo.</i>	b. COUNTY <i>St. Francois</i>
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <i>Frankclay</i>		c. CITY OR TOWN <i>Frankclay</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>home</i>	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 checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First <i>John</i>	Middle <i>Wennett</i>	Last <i>Dunn</i>	Month <i>Dec.</i>	Day <i>5</i>
Year <i>1960</i>				
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>7-23-1884</i>	9. AGE (last birthday) <i>76 yrs.</i>
IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Miner</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>St. Joe Lead Co. Oats, Missouri</i>	11. BIRTHPLACE (City and state or country) <i>U.S.A.</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>James Dunn</i>	13b. MOTHER'S MAIDEN NAME <i>Molly Worley</i>	14. NAME OF HUSBAND OR WIFE <i>Lucy Dunn</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT <i>Floyd Dunn, Leadwood, Mo.</i>		

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)	<i>Acute Coronary Insufficiency</i>	<i>15-20 hrs</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	<i>1 yrs.</i>
	<i>Arterial Sclerosis</i>	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Senility</i>	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.)
20c. TIME OF INJURY Hour a.m. p.m.	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
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21. I attended the deceased from *July 7 1960* to *Dec 5 1960* and last saw him alive on *Nov. 22 1960*
Death occurred at *2:30 p.m.* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>J. W. Zupan DO</i>	(Degree or title)	22b. ADDRESS <i>Flat River Mo</i>	22c. DATE SIGNED <i>12/6/60</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Dec. 7, 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Masonic Cemetery</i>	23d. LOCATION (City, town, or county) <i>Bismarck, Missouri</i>
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24. FUNERAL DIRECTOR <i>Bert L. Boyer, Leadwood, Mo.</i>	ADDRESS	25. DATE RECD. BY LOCAL REG. <i>Dec. 6, 1960</i>	26. REGISTRAR'S SIGNATURE <i>Esther Rudloff</i>
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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 Bert L. Boyer

Licensed Embalmer No. 3441

P. O. Address Leadwood

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.