

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 24 1961

-61-002193

AMENDED

Registration District No. 200 Primary Registration District No. 304 Registrar's No. 12

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Macon				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Macon			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Macon			Length of stay in 1b		c. CITY OR TOWN Callao (Rural)		Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Samaritan Hospital			Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) S.W. of Callao		Reside on Farm Yes ☒ No ☐
3. NAME OF DECEASED (Type or print) First Un-named Middle Dunham Last Dunham				4. DATE OF DEATH Month Jan. Day 13 Year 1961			
5. SEX Female	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 1/13/61	9. AGE (last birthday) ---	IF UNDER 1 YEAR Months --- Days --- Hours --- Min ---		IF UNDER 24 HR Hours --- Min 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ---		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (City and state or country) Macon, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Thos. B. Dunham			13b. MOTHER'S MAIDEN NAME Evelyn Fothergill			14. NAME OF HUSBAND OR WIFE ---	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ---			16. SOCIAL SECURITY NO. ---		17. INFORMANT Address Thos. B. Dunham, Callao, 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) Premature Infant Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Congenital Myocardial Infarction DUE TO (c) ---							INTERVAL BETWEEN ONSET AND DEATH 6 1/2 hours
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. ☐ Yes ☒ No ☐ Unknown	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		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 ☐ NOT WHILE AT WORK ☐		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 with 12:15 a.m. to 12:45 p.m. 1/13/61 and last saw her/him alive on 1/13/61 Death occurred at 12:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE [Signature] (Degree or title) ---				22b. ADDRESS Macon, Missouri		22c. DATE SIGNED 1/13/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan. 14, 1961		23c. NAME OF CEMETERY OR CREMATORY Locust Grove		23d. LOCATION (City, town, or county) Callao, Mo.	
24. FUNERAL DIRECTOR H. J. Hillebrand New Cambria Mo.				25. DATE RECD. BY LOCAL REG. Jan. 14, 1961		26. REGISTRAR'S SIGNATURE [Signature]	

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

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 me,

or by WAB, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Howard E. Billand

Licensed Embalmer No. 4019

P. O. Address New Cambria Mo.

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.