MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-014163
STATE FILE NUMBER

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 171

FILED APR 17 1961

1. PLACE OF DEATH
a. COUNTY Jasper

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin
Length of stay in Ib 60 yrs

c. CITY OR TOWN Joplin
Inside Limits Yes XX No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1730 Annie Baxter
Inside Limits Yes XX No ☐

d. STREET ADDRESS (If outside, give location) 1730 Annie Baxter
Reside on Farm Yes ☐ No XX

3. NAME OF DECEASED (Type or print) First EMILY Middle M. Last DUNN

4. DATE OF DEATH Month April Day 2, Year 1961

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed XX Divorced ☐

8. DATE OF BIRTH 12-27-1868

9. AGE (last birthday) 92

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (City and state or country) Atlanta, Illinois

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Thomas J. Worthington

13b. MOTHER'S MAIDEN NAME Harriett Westfar

14. NAME OF HUSBAND OR WIFE Charles C. Dunn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT Mrs. William H. Johnson Address 1730 Annie Baxter Joplin, Mo.

MEDICAL CERTIFICATION

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)	Congestive Circulatory Failure	Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Senile Psychosis	2 years
DUE TO (c)	Arteriosclerosis	Years

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 Mar. 1959, to Mar. 1961 and last saw her/him alive on Mar. 22, 1961

Death occurred at 6:30 P. M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Chas. B. Jogerst (Degree or title) D.O.

22b. ADDRESS 418 Wall Joplin Mo

22c. DATE SIGNED 4/10/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 4-5-1961

23c. NAME OF CEMETERY OR CREMATORY IOOF Cemetery

23d. LOCATION (City, town, or county) (State) Neosho, Missouri

24. FUNERAL DIRECTOR Thornhill-Dillon Mortuary, Joplin, Mo. ADDRESS

25. DATE RECD. BY LOCAL REG. 4-11-61

26. REGISTRAR'S SIGNATURE Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, 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.