MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-019738
STATE FILE NUMBER

AMENDED FILED JUN 12 1961

Registration District No. 317 Primary Registration District No. 546 Registrar's No. 1573

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Overland — Length of stay in 1b 32 YRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9112 Argyle — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY St. Louis
c. CITY OR TOWN Overland — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 9112 Argyle Ave. — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First Mary — Middle — Last Dunlap
4. DATE OF DEATH: Month June Day 3 Year 1961
5. SEX F
6. COLOR OR RACE W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 2-15-1868
9. AGE (last birthday) 93 — 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) Memphis, Tenn.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME
13b. MOTHER'S MAIDEN NAME Betty Johnson
14. NAME OF HUSBAND OR WIFE Sidney Dunlap-(dcd)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Alpine Harris-9112 Argyle-Overland — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Terminal pneumonia — INTERVAL BETWEEN ONSET AND DEATH 3 da.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arterio sclerotic heart disease — yrs.
DUE TO (c) Senility
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 1950 to death and last saw her alive on 3 June 1961
Death occurred at 9:35 p.m. on the date stated above, and to the best of my knowledge from the causes stated.

22. SIGNATURE Paul R. Whitener (Degree or title) M.D.
22b. ADDRESS 8923 Midland, St. Louis (14) Mo
22c. DATE SIGNED 5 June 1961

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6-6-1961
23c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem.
23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

24. FUNERAL DIRECTOR BAUMANN BROS. INC. FUNERAL HOME — ADDRESS 2504 WOODSON ROAD OVERLAND 14, MISSOURI
25. DATE RECD. BY LOCAL REG. 6-5-61
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed David C. Gibson

Signature of Student Embalmer

Licensed Embalmer No. 3054

P. O. Address Overland 14

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.