

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-023757

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

FILED JUN 27 1961

Primary Registration District No. 4521

Registrar's No. 59

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Ypsa</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Ypsa</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Houston</u>		c. CITY OR TOWN <u>Licking</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ypsa Memorial Hosp</u>		d. STREET ADDRESS (If outside, give location) <u>South Main St.</u>	
3. NAME OF DECEASED (Type or print) First <u>Iva</u> Middle <u>ERNEST</u> Last <u>DUNHAM</u>		4. DATE OF DEATH Month <u>June</u> Day <u>15</u> Year <u>1961</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-2-1885</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machine & Electrical</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Craddock Mo</u>	
11. BIRTHPLACE (City and state, or country) <u>USA</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>James P. Dunham</u>		13b. MOTHER'S MAIDEN NAME <u>Germelia Frances Reed</u>	
14. NAME OF HUSBAND OR WIFE <u>Esta B. Shoemaker</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT <u>Esta B. Shoemaker</u> Address <u>Licking Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebrovascular accident</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 checked="" 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 <u>6-13-61</u> to <u>6-14-61</u> and last saw her alive on <u>6-14-61</u> Death occurred at <u>9:40</u> <u>P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Daniel H. Wilson M.D.</u> (Degree or title)		22b. ADDRESS <u>Houston, Mo.</u>	
22c. DATE SIGNED <u>6-18-61</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-18-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ashley Cem</u>	23d. LOCATION (City, town, or county) <u>Ypsa Co Mo</u> (State)
24. FUNERAL DIRECTOR <u>Smith & Ferguson</u> ADDRESS <u>Licking Mo</u>		25. DATE RECD. BY LOCAL REG. <u>6-23-61</u>	
26. REGISTRAR'S SIGNATURE <u>Myrtis Craig M.S.</u>			

1961 9 700

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: Erbert E. Ferguson

Licensed Embalmer No. 3945

P. O. Address Licking

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.