

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-030268

STATE FILE NUMBER

AMENDED

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 273

FILED AUG 29 1961

1. PLACE OF DEATH a. COUNTY <u>Butte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Sedalia</u>		c. CITY OR TOWN <u>Atterville</u>	
Length of stay in 1b <u>50 yrs</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bathwell Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>1 mile East</u>	
3. NAME OF DECEASED (Type or print) <u>JOHN - PATTERSON - DUNHAM</u>		4. DATE OF DEATH Month <u>Aug</u> Day <u>23</u> Year <u>1961</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 14, 1889</u>
9. AGE (last birthday) <u>72</u>		10. IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u> Hours <u>-</u> Min. <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Moving Contractor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>	
11. BIRTHPLACE (City and state or country) <u>Clarkburg, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13. FATHER'S NAME <u>Joseph T. Dunham</u>		13b. MOTHER'S M maiden NAME <u>Bell</u>	
14. NAME OF HUSBAND OR WIFE <u>Ruth Dunham</u>		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. <u>1 Mrs. Ruth Dunham, Atterville, Mo</u>		17. INFORMANT <u>Mrs. Ruth Dunham, Atterville, 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>Acute Pulmonary Edema</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) <u>Generalized Arteriosclerosis</u>			
INTERVAL BETWEEN ONSET AND DEATH <u>9 hours</u> <u>unknown</u> <u>unknown</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Rheumatoid Arthritis</u>		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 <u>-</u> a.m. <u>-</u> p.m. <u>-</u> Month, Day, Year <u>-</u>	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 <u>-</u> STATE <u>-</u>		
21. I attended the deceased from <u>August 10, 1961</u> to <u>August 23, 1961</u> and last saw him alive on <u>August 23, 1961</u> Death occurred at <u>7:50 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>T. S. Hopkins, M.D.</u>		22b. ADDRESS <u>1609 S. Limit Sedalia, Mo.</u>	
22c. DATE SIGNED <u>8-25-61</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>Aug. 25, 1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F Home</u>	
23d. LOCATION (City, town, or county) <u>Atterville, Mo.</u>		23e. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>	
24. FUNERAL DIRECTOR <u>Argy - Painter, Atterville, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Aug 25 1961</u>	

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

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

Student _____
Signature of Student Embalmer

Signed Robert L. Painter

Licensed Embalmer No. 4069

P. O. Address Atterville, M

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.