SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-045812
STATE FILE NUMBER

AMENDED

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 260

FILED DEC 21 1961

1. PLACE OF DEATH
a. COUNTY PHELPS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ROLLA — Length of stay in 1b: 2 HOURS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PHELPS County — Inside Limits: Yes ☑ No ☐

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

3. NAME OF DECEASED (Type or print): First BABY Middle Last DUNN
4. DATE OF DEATH: Month DEC. Day 10 Year 1961
5. SEX F
6. COLOR OR RACE W
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12-10-61
9. AGE (last birthday) ~~1 Day~~ — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours 2 Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and state or country) ROLLA, MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME RICHARD DUNN
13b. MOTHER'S MAIDEN NAME JANE THOMAS
14. NAME OF HUSBAND OR WIFE ✓
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 Richard Dunn Address ROLLA, 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) Possible subdural hemorrhage — INTERVAL BETWEEN ONSET AND DEATH →
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) (Flaccid paralysis)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Patient never breathed
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 at birth, to and last saw her/him alive on —
Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. A. Stucker, M.D.
22b. ADDRESS Rolla, Mo.
22c. DATE SIGNED 12-12-61

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE 12-10-61
23c. NAME OF CEMETERY OR CREMATORY HILLCREST
23d. LOCATION (City, town, or county) MTN. GROVE, (State) MO.

24. FUNERAL DIRECTOR BARBER ADDRESS FUNERAL HOME – MTN. GROVE, MO
25. DATE RECD. BY LOCAL REG. Dec. 10, 1961
26. REGISTRAR'S SIGNATURE Nadine L. Stoll

(Licensed Embalmer's Statement on Reverse Side)

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

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 R. W. Barker

Signature of Student Embalmer

Licensed Embalmer No. 3848

P. O. Address Fort Scott, 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.