MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-002453
STATE FILE NUMBER

AMENDED

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 25

FILED JAN 29 1962

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon
Length of stay in 1b: 21 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wallace Hospital
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri
b. COUNTY Laclede
c. CITY OR TOWN Lebanon
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 180 Peare St.
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: Grover Middle: Cleveland Last: Dunn
4. DATE OF DEATH Month, Day, Year: Jan. 20, 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11/23/1892
9. AGE (last birthday): 69
IF UNDER 1 YEAR / IF UNDER 24 HR: Months / Days / Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Watch Maker
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): Coffeyville Kan
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Robert L. Dunn
13b. MOTHER'S MAIDEN NAME: Anna Hart
14. NAME OF HUSBAND OR WIFE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes World War #1
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs. J. H. Purdy Address: Lebanon Mo.

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) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
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 ☐ N. ☐ 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 Nov. 15, 1961, to Jan 20, 1962 and last saw him alive on Jan., 20, 1962
Death occurred at 10 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James L. Hope (Degree or title) M.D.
22b. ADDRESS 158 N. Adams Lebanon, Mo.
22c. DATE SIGNED 11/23/62.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1/24/1962
23c. NAME OF CEMETERY OR CREMATORY: City Cemetery
23d. LOCATION (City, town, or county) (State): Lebanon, Mo.
24. FUNERAL DIRECTOR: Dorsey M. Howe ADDRESS: Lebanon Mo.
25. DATE REC'D. BY LOCAL REG.: 1-23-1962
26. REGISTRAR'S SIGNATURE: Nella L. Way

(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

FEB 1 1962

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.