

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003693

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **910** STATE FILE NUMBER

**FILED JAN 25 1962**

1. PLACE OF DEATH  
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Mo.** b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **St. Louis, Mo.** Length of stay in 1b

c. CITY OR TOWN **St. Louis,** Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **3112 Chippewa St.** Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) **3112 Chippewa St.** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
**Bert. Dunn.** **1 20 62**

5. SEX **Male.** 6. COLOR OR RACE **White** 7. Married  Never Married   
Widowed  Divorced  8. DATE OF BIRTH **3-29-77** 9. AGE (last birthday) **64**

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) **Ret. Farmer.** 10b. KIND OF BUSINESS OR INDUSTRY  
11. BIRTHPLACE (City and state or country) **Paris, Ill.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **John Dunn.** 13b. MOTHER'S MAIDEN NAME **Florence Ballew.** 14. NAME OF HUSBAND OR WIFE **Stella Dunn.**

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. **Unk.** 17. INFORMANT **Herbert Dunn** Address **3112 Chippewa St.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Chronic Myocarditis**  
DUE TO (b)  
DUE TO (c) **422.2**

CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Thromboangietis Right & Left Lower Extremities**

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 **October 1961** to **January 19, 1962** and last saw him/her alive on **January 18, 1962**  
Death occurred at **5 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) **Thomas F. Summers, M.D.** 22b. ADDRESS **3624 S. Broadway (18)** 22c. DATE SIGNED **1-20-62.**

23a. BURIAL, CREMATION, REMOVAL (Specify) **removal** 23b. DATE **1-23-1962** 23c. NAME OF CEMETERY OR CREMATORY **(Paris Cemetery)** 23d. LOCATION (City, town, or county) (State) **Paris Ill.**

24. FUNERAL DIRECTOR **McMahon Funeral Home** ADDRESS **Marshallville, Ill.** 25. DATE RECD. BY LOCAL REG. **JAN 20 1962** 26. REGISTRAR'S SIGNATURE **Paul Smith M.D.**

AMENDED  
DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
SHOULD READ  
BY AFFIDAVIT OF

DR. SUMERS

**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 David Van Horn

Licensed Embalmer No. 4242

P. O. Address St. Louis

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.