

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030198

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 222

FILED SEP 4 1962

1. PLACE OF DEATH

a. COUNTY

Callaway

b. CITY (If outside corporate limits, give TOWNSHIP only)

Fulton

Length of stay in 1b

7 Days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Callaway Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Callaway

Inside Limits

Yes ☐ No ☒c. CITY
OR
TOWN

Fulton

d. STREET
ADDRESS

(If outside, give location)

R.F.D.# 3

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Frank

Middle

Tincher

Last

Dunham

4. DATE
OF
DEATH

Month

Aug

Day

29

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10/15/1894

9. AGE (last birthday)

46

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Dairy farmer

10b. KIND OF BUSINESS OR INDUSTRY

Same

11. BIRTHPLACE (City and state or country)

Fulton, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Edward Dunham

13b. MOTHER'S MAIDEN NAME

Annie Miller

14. NAME OF HUSBAND OR WIFE

Wave Dunham

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

018-03-2366

17. INFORMANT

Address

Mrs. Wave Dunham, R.#3 Fulton 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)

lung cancer

INTERVAL BETWEEN
ONSET AND DEATH

5 mos

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying 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)

Tachycardia

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. 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
INJURYHour
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 8/25/62 to death and last saw him alive on 8-29-62
Death occurred at 4 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

George H. Groce, MD.

(Degree or title)

22b. ADDRESS

Fulton, Mo.

22c. DATE SIGNED

8/29/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

Aug, 31, 1962

23c. NAME OF CEMETERY OR CREMATORY

Hillcrest

23d. LOCATION (City, town, or county)

Fulton

Mo

24. FUNERAL DIRECTOR

Browning Funeral Home Fulton Mo

ADDRESS

25. DATE RECD. BY LOCAL REG.

Aug 30 - 1962

26. REGISTRAR'S SIGNATURE

Martha Lawrence

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

10147

20140

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VS SEP 10 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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.