

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030199

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 209

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 20 1962

VS 300 Rev. 4/59	DATE AMENDED
B147	
3269	
3	
4 0	
5 0	
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7 1	
8 2	
94200	
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1293-0	
13 1-0	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton, Mo.		c. CITY OR TOWN Jefferson City, Mo.	
Length of stay in 1b 4 Mo.		1106 Vineyard Square	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 1		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Ebenezer Middle H. Last Dunlap		4. DATE OF DEATH Month 8 Day 13 Year 62	
5. SEX male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/29/1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unk		10b. KIND OF BUSINESS OR INDUSTRY unk	11. BIRTHPLACE (City and state or country) Ireland
13a. FATHER'S NAME unk		13b. MOTHER'S MAIDEN NAME unk	14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unk		17. INFORMANT Address State Hospital Records 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) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c) Cerebral arteriosclerosis.			INTERVAL BETWEEN ONSET AND DEATH
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. <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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year		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 STATE	
21. attended the deceased from State Hosp. #1 April 6, 1962 to April 13, 1962		Death occurred at 9:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE James K. Outterman M.D.		22b. ADDRESS State Hospital No. 1, Fulton	
22c. DATE SIGNED 8/13/62		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Aug 19 1962		23c. NAME OF CEMETERY OR CREMATORY Lick Fork Cemetery	
23d. LOCATION (City, town, or county) (State) Gallatin, Missouri		24. FUNERAL DIRECTOR Hope Funeral Home, Gallatin, Missouri	
25. DATE RECD. BY LOCAL REG. Aug-16-1962		26. REGISTRAR'S SIGNATURE Maretha Lawrence	

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

Donald P. Freeman

Licensed Embalmer No.

4623

P. O. Address

Jams.

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.