

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-030529

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 173

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 11 1962

VS 300	DATE AMENDED
Rev. 4/59	
6356	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
20350	
3	INSTEAD OF
4 0	
5 1	DOCUMENT
6	
7 1	MEDICAL CERTIFICATION
8 2	
9 5610	BY AFFIDAVIT OF
10	
11	SHOULD READ
12 2-0	
13 5-0	ITEM NO.

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Dunklin</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kennett, Missouri</u>		c. CITY OR TOWN <u>Clarkton</u>	
Length of stay in 1b <u>3 days</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dunklin County Memorial Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>None</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH
First <u>KENLEY</u> Middle <u>LIDDELL</u> Last <u>DUNSCOMB</u>			Month <u>September</u> Day <u>6</u> Year <u>1962</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 20, 1877</u>
9. AGE (last birthday) <u>85</u>		IF UNDER 1 YEAR	IF UNDER 24 HR
		Months	Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>St. Francis, Arkansas</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>William T. Dunscomb</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Liddell</u>	14. NAME OF HUSBAND OR WIFE <u>Mayme Dunscomb</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>[Redacted]</u>	17. INFORMANT Address <u>Raymond Dunscomb - Malden, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>			<u>1-2 hr</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Strangulated indirect</u>			<u>3d</u>
DUE TO (c) <u>inguinal hernia</u>			
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 <u>9-4-62</u> a.m. <u>1:20 p.m.</u> Month, Day, Year <u>9-6-62</u>			
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. I attended the deceased from <u>9-4-62</u> to <u>9-6-62</u> and last saw her/him alive on <u>9-6-62</u>			
Death occurred at <u>1:20 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Paol C. Miller lawyer</u>		22b. ADDRESS <u>Kennett, Mo</u>	22c. DATE SIGNED <u>9-8-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>September 8, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Stanfield Cemetery</u>	23d. LOCATION (City, town, or county) <u>Clarkton, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Landess Funeral Home - Malden, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-8-1962</u> 26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

USE BLACK INK OR TYPEWRITER RIBBON

SEP 21 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

Christine L. Beall

Licensed Embalmer No.

4227

P. O. Address

Campbell, 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.

