

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-044158

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10806**

FILED NOV 19 1962

VS 300
Rev. 4/59

1
240023

3

4 1

5 2

6

7 0

8 2

9

10

11

12 14-0

13

74

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Length of stay in 1b life		c. CITY OR TOWN Clayton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 420 South Meramec	
3. NAME OF DECEASED (Type or print)				First Middle Last		4. DATE OF DEATH	
Bessie V. DUNBAR						November 8, 1962	
5. SEX Female		6. COLOR OR RACE Caucasian		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-18-1884	
						9. AGE (last birthday) 78	
						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) Housewife				10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) St. Lois, Missouri	
13a. FATHER'S NAME Unknown				13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Andrew Dunbar (Dec)	
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.		17. INFORMANT John Green, Boatmans Bank Bldg.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:				IMMEDIATE CAUSE (a)		INTERVAL BETWEEN ONSET AND DEATH	
<p><i>OK: Joseph T. J. [Signature]</i></p> <p><i>Deputy [Signature]</i></p> <p>conditions, if any, which have, in the above cause (a), shifting the underlying cause last.</p>				<p><i>Myocardial infarction (terminal)</i></p> <p><i>Metastatic Lymphoma (metastasis to heart)</i></p> <p><i>20024 Hspine</i></p>		<p><i>Stroke</i></p> <p><i>Heart may 61.</i></p>	
				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.			
Had fractured femur 7/10/62. (Healed completely)						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 a.m. 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. I attended the deceased from 1934 to 11/8/62 and last saw her 11/9/62 and last saw him alive on 11/9/62 Death occurred at 6:30 P. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>[Signature]</i>				22b. ADDRESS 18 S. Kingshighway W. Sun		22c. DATE SIGNED 11/9/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11-11-62		23c. NAME OF CEMETERY OR CREMATORY Holy Sepulcher Cemetery		23d. LOCATION (City, town, or county) (State) Rochester, New York	
24. FUNERAL DIRECTOR <i>[Signature]</i>				ADDRESS 3840 Lindell Blvd.		25. DATE RECD. BY LOCAL REG. 11-10-62	
				26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

Rn. Falk
Mrs. Beavis Rumber

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 Ernest Williamson

Licensed Embalmer No. 3565

P. O. Address 3840 Lindell

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.