MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024886
STATE FILE NUMBER

Registration District No. 1607 Primary Registration District No. 4256 Registrar's No. 32

FILED JUN 24 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0510
2 0510 2
3
4 1
5 1
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7 0
8 0
9 4201
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12 90-2
13 4-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Holden — Length of stay in 1b: 7 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 708 West 3rd — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Johnson
c. CITY OR TOWN: Holden — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 708 West 3rd — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Madie Middle: Lorain Last: Dunham

4. DATE OF DEATH: Month: June Day: 15, Year: 1963

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1/31/1897
9. AGE (last birthday): 66 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: x
11. BIRTHPLACE (City and state or country): Chilhowee, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: John Stansberry
13b. MOTHER'S MAIDEN NAME: Lucy Wilson
14. NAME OF HUSBAND OR WIFE: ~~U.S.A.~~ Cecil Dunham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 500-22-4375A
17. INFORMANT: Cecil Dunham, Holden, Missouri — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Shock due to Acute Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cardiac Thrombosis (no Ventricle) & infarction — Hours
DUE TO (c): Arteriosclerosis of Coronary Artery with Thrombosis — years.

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. ☐ 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 July 20, 1960, to June 15, 1963 and last saw her/him alive on June 15, 1963
Death occurred at 10 39 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Thomas P. Wescott D.O.
22b. ADDRESS: Holden, Missouri
22c. DATE SIGNED: 6/17/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6/17/63
23c. NAME OF CEMETERY OR CREMATORY: Carpenter
23d. LOCATION (City, town, or county) (State): Chilhowee, Missouri

24. FUNERAL DIRECTOR — ADDRESS: Cook Funeral Home, Chilhowee, Mo.
25. DATE RECD. BY LOCAL REG.: 6-17-63
26. REGISTRAR'S SIGNATURE: Bernice Ross

(Licensed Embalmer's Statement on Reverse Side)

MAR 25 1964

JUN 25 1963

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 J Wood

Licensed Embalmer No. 4335

P. O. Address Chelsea, Me.

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.