

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029885

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

1489 267

SL 19273

Primary Registration District No.

1003

Registrar No.

7603

STATE FILE NUMBER

FILED AUG 1 1963

VS 300
Rev. 4/59

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN 915 N. Grand, St. Louis, Mo.

Length of stay in lb
20 days

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

Inside Limits
Yes ☒ No ☐

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

a. STATE Missouri b. COUNTY Phelps

c. CITY OR TOWN St. James

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
General Delivery

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First Middle Last
CECIL I. DUNHAM

4. DATE OF DEATH Month Day Year
July 21 1963

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
4/27/92

9. AGE (last birthday)
71

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)
Order Filler

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Clarksburg, Mo.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Alfred Dunham

13b. MOTHER'S MAIDEN NAME

Chelsea Heading

14. NAME OF HUSBAND OR WIFE

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

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

16. SOCIAL SECURITY NO.

488-16-6004

17. INFORMANT

Address
Herbert Dunham 2831 9th Main

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) ACUTE PULMONARY EDEMA

INTERVAL BETWEEN ONSET AND DEATH
4 Hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE

420.0

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

ARTERIAL AND ARTERIOLAR NEPHROSCLEROSIS

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 7/1/63 to 7/21/63 and last saw him alive on 7/21/63
Death occurred at 4:00 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Robert E. Edgery M.D.

22b. ADDRESS
VAH, ST. LOUIS, MO.

22c. DATE SIGNED
7-24-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal 2-25-63

23c. NAME OF CEMETERY OR CREMATORY
National Cern.

23d. LOCATION (City, town, or county)
St. Louis Co 2718

24. FUNERAL DIRECTOR ADDRESS
Watt Mortuary 6409 Gravois

25. DATE RECD. BY LOCAL REG.
7-24-1963

26. REGISTRAR'S SIGNATURE
Road Smith, M.D.

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 Hopp, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Harold C. Witt

Licensed Embalmer No. 4353

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.