

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

131

Primary Registration District No.

3023

Registrar's No.

217

68-032054

FILED AUG 26 1963

1. PLACE OF DEATH

a. COUNTY

Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Clinton, Mo.

Length of stay in lb

7 days

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

General Hospital

Inside Limits

Yes ☒ No ☐

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

a. STATE

Missouri

b. COUNTY

Henry

c. CITY OR TOWN

Clinton

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

117 East Allen

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED  
(Type or print)

Stella

First

B.

Last

Dunn

4. DATE OF DEATH

Month

Day

Year

August 17, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9/8/1891

9. AGE (last birthday)

71

IF UNDER 1 YEAR

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

Home

11. BIRTHPLACE (City and state or country)

Chilhowee, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Samuel T. Sullins

13b. MOTHER'S MAIDEN NAME

Mary E. Nelson

14. NAME OF HUSBAND OR WIFE

Grady Dunn

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

Mr. Grady Dunn, Clinton, Missouri

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma head of pancreas

INTERVAL BETWEEN ONSET AND DEATH

2 weeks

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

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.

☐ 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 3/29/1962 to 8/17/63 and last saw her alive on 8/17/63  
Death occurred at 7:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Wm. Bradshaw, M.D.

22b. ADDRESS

Clinton, Mo.

22c. DATE SIGNED

8/17/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

8/19/63

23c. NAME OF CEMETERY OR CREMATORY

Chilhowee

23d. LOCATION (City, town, or county)

Chilhowee, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Cook Funeral Home, Chilhowee, Mo

25. DATE RECD. BY LOCAL REG.

Aug. 17-1963

26. REGISTRAR'S SIGNATURE

Mildred Bigum

**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 \_\_\_\_\_

Licensed Embalmer No. 4335

P. O. Address Chilhowe, 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.

Permit Obtained

8-17-63

(PH. 13)